

RETURN DATE: OCTOBER 18, 2022 : SUPERIOR COURT  
ANDREW SULLIVAN ADMINSTRATOR :  
OF ESTATE OF LISA SULLIVAN; : JUDICIAL DISTRICT OF  
ANDREW SULLIVAN; ANDREW : ANSONIA / MILFORD  
SULLIVAN PPA CAROLINE :  
SULLIVAN; and ANDREW SULLIVAN :  
PPA DYLAN SULLIVAN :  
V. : AT MILFORD  
PHYSICIANONE URGENT CARE; :  
URGENT CARE SOLUTIONS, LLC; :  
ZUCYLA ENTERPRISES, LLC; :  
WRK VENTURES, LLC; :  
KEVIN WOOD, PA-C; :  
CANDLEWOOD CENTER FOR :  
WOMEN'S HEALTH; WOMEN'S :  
HEALTH CONNECTICUT, INC.; :  
PHYSICIANS FOR WOMENS HEALTH, :  
LLC; WOMEN'S HEALTH USA, INC.; :  
JORGE LUIS CASQUERO LEON, MD; :  
GENE FREYLIKHMAN, MD; :  
ANDREA BARRY, MD; NUVANCE :  
HEALTH, INC.; NUVANCE HEALTH :  
MEDICAL PRACTICE CT, INC.; and :  
NUVANCE HEALTH MEDICAL :  
PRACTICE, P.C. : SEPTEMBER 6, 2022

**COMPLAINT**

**COUNT ONE (Estate v. PhysicianOne Urgent Care – malpractice)**

1. On or about May 22, 2022, and July 19, 2022, pursuant to General Statutes §52-190a(b), automatic ninety (90) day extensions of the statute of limitations were filed with the Superior Court. A copy of said petitions are attached hereto as Exhibit A and Exhibit B.
2. On March 19, 2020, Governor Lamont issued Executive Order No. 7G. Under section 2, of executive order 7G, Governor Lamont, “suspend[ed]... (3) all time requirements or deadlines related to the ... Superior courts....” This suspension, of all time requirements or deadlines related to the Superior courts, extended until March 1, 2021. This includes the instant action.
3. At all times mentioned herein, Lisa Sullivan was domiciled in Oxford, Connecticut.
4. On June 15, 2020, Lisa Sullivan passed away.
5. On September 21, 2020, the Region #22 Probate Court appointed Andrew Sullivan as the Administrator of the Estate of Lisa Sullivan. A copy of this appointment is attached hereto as Exhibit C.
6. At all times relevant herein, Andrew Sullivan was domiciled in Oxford, Connecticut.
7. Defendant, PhysicianOne Urgent Care, was a company doing business in the State of Connecticut.
8. At all times mentioned herein, Defendant, PhysicianOne Urgent Care operated a facility in Southbury, Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public.

9. Defendant, PhysicianOne Urgent Care's facility in Southbury also offered same day, walk-in, x-rays.
10. On February 26, 2020, Lisa Sullivan began treatment with Waterbury Pulmonology Associates.
11. Waterbury Pulmonology Associates treated Lisa Sullivan for worsening symptoms of dyspnea, dyspnea with exertion, asthma, coughing, barking, hacking, chest congestion, chest tightness, wheezing, and gastroesophageal reflux.
12. On May 15, 2020, Lisa Sullivan was seen by a board-certified pulmonologist at Waterbury Pulmonary Associates.
13. On May 15, 2020, Lisa Sullivan was approximately 35 weeks pregnant.
14. On May 15, 2020, Waterbury Pulmonary Associates documented that Lisa Sullivan reported chest pain, chest tightness, shortness of breath, wheezing, daytime fatigue, and poorly controlled asthma and GERD.
15. On May 15, 2020, the board-certified pulmonologist who had been treating Lisa Sullivan at Waterbury Pulmonary Associates directed Lisa Sullivan to Defendant, PhysicianOne Urgent Care in Southbury, Connecticut to have a chest x-ray.
16. Lisa Sullivan then went to Defendant, PhysicianOne Urgent Care at its Southbury, Connecticut location.
17. Defendant, PhysicianOne Urgent Care advertises and advertised at that time, that they provide full-service, walk-in, on-site digital X-ray services for adults and children; that these are handled in-house to eliminate wait or travel; and those

images are reviewed by board-certified radiologists to ensure accurate diagnosis and best possible treatment plan.

18. Defendant, PhysicianOne Urgent Care advertises that it provides digital x-ray imaging for asthma management and treatment services; and treatment for everyday illnesses and injuries.
19. On May 15, 2020, Defendant, PhysicianOne Urgent Care, through its servants, agents, apparent agents and/or employees undertook the care, treatment, monitoring, diagnosing and supervision of Lisa Sullivan for the same conditions.
20. On May 15, 2020, Lisa Sullivan was seen by Kevin Wood, PA-C at Defendant, PhysicianOne Urgent Care.
21. Defendant, PhysicianOne Urgent Care documented Lisa Sullivan had been seen by her pulmonologist that day and sent to PhysicianOne Urgent Care for a chest x-ray.
22. Defendant, PhysicianOne Urgent Care also documented Lisa Sullivan's acute chest pain, intermittent chest tightness for four days, asthma, worsening cough, nasal congestion, chest congestion, shortness of breath, sharp pain across entire chest, 35 weeks pregnant, and prolonged treatment for asthma during pregnancy and 2/2 GERD.
23. Defendant, PhysicianOne Urgent Care diagnosed Lisa Sullivan with COVID19 and costochondritis.
24. Costochondritis is an inflammation of the cartilage that connects a rib to the breastbone. Pain caused by costochondritis might mimic that of a heart attack or other heart conditions.

25. There is no specific test for costochondritis. Costochondritis is a diagnosis made after more serious causes of chest pain related to your heart or lungs are negative.
26. Defendant, PhysicianOne Urgent Care did not perform a chest x-ray.
27. Defendant, PhysicianOne Urgent Care did not perform a ECG.
28. Defendant, PhysicianOne Urgent Care did not perform a blood test.
29. Defendant, PhysicianOne Urgent Care did not consult a physician.
30. Defendant, PhysicianOne Urgent Care did not notify Lisa Sullivan's pulmonologist that it was not conducting the requested chest x-ray.
31. On May 18, 2020, Defendant, PhysicianOne Urgent Care communicated to Lisa Sullivan that the COVID19 test had come back negative.
32. Defendant, PhysicianOne Urgent Care did not take any other action.
33. On June 9, 2020, Lisa Sullivan commenced a planned induction for her baby.
34. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.
35. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.
36. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.
37. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.
38. Had this mediastinal mass been diagnosed earlier, its more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

39. This mediastinal mass would have been apparent on a standard chest x-ray on May 15, 2020.

40. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, PhysicianOne Urgent Care, and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

41. As a result of the carelessness and negligence of Defendant, PhysicianOne Urgent Care and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;

- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

42. Lisa Sullivan lost the opportunity to survive due to Defendant, PhysicianOne Urgent Care's negligence.

43. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

44. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

45. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

46. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

47. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, PhysicianOne Urgent Care, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to refer Lisa Sullivan to another facility if they lacked the equipment to perform a chest x-ray on a pregnant woman;

- c. Failed to refer Lisa Sullivan to the emergency room;
- d. Failed to perform the radiological test ordered by a board-certified physician;
- e. Failed to perform the radiological test ordered by a board-certified pulmonologist;
- f. Failed to consult Lisa Sullivan's pulmonologist regarding the need for a chest x-ray;
- g. Failed to consult Lisa Sullivan's obstetrician regarding the need for a chest x-ray;
- h. Failed to consult a physician about the appropriateness of a chest x-ray;
- i. Failed to consult a radiologist about the risks of a chest x-ray to the unborn baby in the 35<sup>th</sup> week;
- j. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- k. Failed to perform a ECG;
- l. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- m. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- n. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- o. Improperly failed to provide Lisa Sullivan medical decision making of moderate complexity;

- p. Improperly assessed Lisa Sullivan as having a medical condition with low complexity;
- q. Improperly failed to provide Lisa Sullivan medical decision making of low complexity;
- r. Failed to spend sufficient time with Lisa Sullivan to properly diagnose and treat her;
- s. Failed to provide properly authorized medical professionals to diagnose and treat Lisa Sullivan;
- t. Failed to properly refer Lisa Sullivan when they were unable to provide properly qualified medical professionals to diagnose and treat her;
- u. Failed to provide properly educated medical professionals to diagnose and treat Lisa Sullivan;
- v. Failed to properly supervise its physician's assistants;
- w. Failed to properly supervise, control and direct the physician's assistant in violation of C.G.S. §§20-12a *et seq.*;
- x. Failed to provide a physician's assistant who followed the control and direction of their supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- y. Failed to actively and continuing supervision of performance of its physician's assistants in violation of C.G.S. §§20-12a *et seq.*
- z. Failed to be continuously available for direct communications in violation of C.G.S. §§20-12a *et seq.*;

- aa. Failed to have the work of the physician's assistant personally reviewed by the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
  - bb. Failed to review the charts and records of the physician's assistant on a regular basis as necessary to ensure quality patient care and written documentation of such review in violation of C.G.S. §§20-12a *et seq.*;
  - cc. Failed to have a delineated predetermined plan for emergency situations in violation of C.G.S. §§20-12a *et seq.*;
  - dd. Failed To designate an alternate licensed physician in the absence of the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
  - ee. Failed to have a written delegation agreement in violation of C.G.S. §§20-12a *et seq.*;
  - ff. Acted outside the scope of the written delegation agreement in violation of C.G.S. §§20-12a *et seq.*
  - gg. Failed to supervise its physician's assistants in violation of its written delegation agreement;
  - hh. Failed to require sufficient supervision of its physician's assistants in its written delegation agreement;
48. Opinions by similar healthcare providers, in accordance with General Statutes 52-190a(a), are attached hereto as Exhibit D.
49. At all times relevant herein, Kevin Wood, PA-C was acting as a servant, agent, apparent agent and/or employee of Defendant, PhysicianOne Urgent Care.

**SECOND COUNT (Urgent Care Solutions, LLC – malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Second Count.

7. Defendant, Urgent Care Solutions, LLC, was a company doing business in the State of Connecticut.

8. At all times mentioned herein, Defendant, Urgent Care Solutions, LLC was d/b/a PhysicianOne Urgent Care.

9. At all times mentioned herein, Defendant, Urgent Care Solutions, LLC, operated multiple facilities throughout the state of Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public known as PhysicianOne Urgent Care.

10. At all times mentioned herein, Defendant, Urgent Care Solutions, LLC, operated a facility in Southbury, Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public known as PhysicianOne Urgent Care in Southbury.

11. Defendant, Urgent Care Solutions, LLC's facility in Southbury also offered same day, walk-in, x-rays.

12. On February 26, 2020, Lisa Sullivan began treatment with Waterbury Pulmonology Associates.

13. Waterbury Pulmonology Associates treated Lisa Sullivan for worsening symptoms of dyspnea, dyspnea with exertion, asthma, coughing, barking, hacking, chest congestion, chest tightness, wheezing, and gastroesophageal reflux.

14. On May 15, 2020, Lisa Sullivan was seen by a board-certified pulmonologist at Waterbury Pulmonary Associates.
15. On May 15, 2020, Lisa Sullivan was approximately 35 weeks pregnant.
16. On May 15, 2020, Waterbury Pulmonary Associates documented that Lisa Sullivan reported chest pain, chest tightness, shortness of breath, wheezing, daytime fatigue, and poorly controlled asthma and GERD.
17. On May 15, 2020, the board-certified pulmonologist who had been treating Lisa Sullivan at Waterbury Pulmonary Associates directed Lisa Sullivan to Defendant, Urgent Care Solutions, LLC in Southbury, Connecticut to have a chest x-ray.
18. Lisa Sullivan then went to Defendant, Urgent Care Solutions, LLC at its Southbury, Connecticut location.
19. Defendant, Urgent Care Solutions, LLC advertises and advertised at that time, that they provide full-service, walk-in, on-site digital X-ray services for adults and children; that these are handled in-house to eliminate wait or travel; and those images are reviewed by board-certified radiologists to ensure accurate diagnosis and best possible treatment plan.
20. Defendant, Urgent Care Solutions, LLC advertises that it provides digital x-ray imaging for asthma management and treatment services; and treatment for everyday illnesses and injuries.
21. On May 15, 2020, Defendant, Urgent Care Solutions, LLC, through its servants, agents, apparent agents and/or employees undertook the care, treatment, monitoring, diagnosing and supervision of Lisa Sullivan for the same conditions.

22. On May 15, 2020, Lisa Sullivan was seen by Kevin Wood, PA-C at Defendant, Urgent Care Solutions, LLC.
23. Defendant, Urgent Care Solutions, LLC documented Lisa Sullivan had been seen by her pulmonologist that day and sent to PhysicianOne Urgent Care for a chest x-ray.
24. Defendant, Urgent Care Solutions, LLC also documented Lisa Sullivan's acute chest pain, intermittent chest tightness for four days, asthma, worsening cough, nasal congestion, chest congestion, shortness of breath, sharp pain across entire chest, 35 weeks pregnant, and prolonged treatment for asthma during pregnancy and 2/2 GERD.
25. Defendant, Urgent Care Solutions, LLC diagnosed Lisa Sullivan with COVID19 and costochondritis.
26. Costochondritis is an inflammation of the cartilage that connects a rib to the breastbone. Pain caused by costochondritis might mimic that of a heart attack or other heart conditions.
27. There is no specific test for costochondritis. Costochondritis is a diagnosis made after more serious causes of chest pain related to your heart or lungs are negative.
28. Defendant, Urgent Care Solutions, LLC did not perform a chest x-ray.
29. Defendant, Urgent Care Solutions, LLC did not perform a ECG.
30. Defendant, Urgent Care Solutions, LLC did not perform a blood test.
31. Defendant, Urgent Care Solutions, LLC did not consult a physician.

32. Defendant, Urgent Care Solutions, LLC did not notify Lisa Sullivan's pulmonologist that it was not conducting the requested chest x-ray.
33. On May 18, 2020, Defendant, Urgent Care Solutions, LLC communicated to Lisa Sullivan that the COVID19 test had come back negative.
34. Defendant, Urgent Care Solutions, LLC did not take any other action.
35. On June 9, 2020, Lisa Sullivan commenced a planned induction for her baby.
36. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.
37. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.
38. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.
39. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.
40. Had this mediastinal mass been diagnosed earlier, its more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.
41. This mediastinal mass would have been apparent on a standard chest x-ray on May 15, 2020.
42. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Urgent Care Solutions, LLC, and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

43. As a result of the carelessness and negligence of Defendant, Urgent Care Solutions, LLC and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and

t. Death.

44. Lisa Sullivan lost the opportunity to survive due to Defendant, Urgent Care Solutions, LLC's negligence.

45. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

46. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

47. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

48. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

49. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Urgent Care Solutions, LLC, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to refer Lisa Sullivan to another facility if they lacked the equipment to perform a chest x-ray on a pregnant woman;
- c. Failed to refer Lisa Sullivan to the emergency room;
- d. Failed to perform the radiological test ordered by a board-certified physician;
- e. Failed to perform the radiological test ordered by a board-certified pulmonologist;

- f. Failed to consult Lisa Sullivan's pulmonologist regarding the need for a chest x-ray;
- g. Failed to consult Lisa Sullivan's obstetrician regarding the need for a chest x-ray;
- h. Failed to consult a physician about the appropriateness of a chest x-ray;
- i. Failed to consult a radiologist about the risks of a chest x-ray to the unborn baby in the 35<sup>th</sup> week;
- j. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- k. Failed to perform a ECG;
- l. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- m. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- n. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- o. Improperly failed to provide Lisa Sullivan medical decision making of moderate complexity;
- p. Improperly assessed Lisa Sullivan as having a medical condition with low complexity;
- q. Improperly failed to provide Lisa Sullivan medical decision making of low complexity;

- r. Failed to spend sufficient time with Lisa Sullivan to properly diagnose and treat her;
- s. Failed to provide properly authorized medical professionals to diagnose and treat Lisa Sullivan;
- t. Failed to properly refer Lisa Sullivan when they were unable to provide properly qualified medical professionals to diagnose and treat her;
- u. Failed to provide properly educated medical professionals to diagnose and treat Lisa Sullivan;
- v. Failed to properly supervise its physician's assistants;
- w. Failed to properly supervise, control and direct the physician's assistant in violation of C.G.S. §§20-12a *et seq.*;
- x. Failed to provide a physician's assistant who followed the control and direction of their supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- y. Failed to actively and continuing supervision of performance of its physician's assistants in violation of C.G.S. §§20-12a *et seq.*
- z. Failed to be continuously available for direct communications in violation of C.G.S. §§20-12a *et seq.*;
- aa. Failed to have the work of the physician's assistant personally reviewed by the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- bb. Failed to review the charts and records of the physician's assistant on a regular basis as necessary to ensure quality patient care and written documentation of such review in violation of C.G.S. §§20-12a *et seq.*;

- cc. Failed to have a delineated predetermined plan for emergency situations in violation of C.G.S. §§20-12a *et seq.*;
  - dd. Failed To designate an alternate licensed physician in the absence of the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
  - ee. Failed to have a written delegation agreement in violation of C.G.S. §§20-12a *et seq.*;
  - ff. Acted outside the scope of the written delegation agreement in violation of C.G.S. §§20-12a *et seq.*
  - gg. Failed to supervise its physician's assistants in violation of its written delegation agreement;
  - hh. Failed to require sufficient supervision of its physician's assistants in its written delegation agreement;
50. Opinions by similar healthcare providers, in accordance with General Statutes 52-190a(a), are attached hereto as Exhibit D.
51. At all times relevant herein, Kevin Wood, PA-C was acting as a servant, agent, apparent agent and/or employee of Defendant, Urgent Care Solutions, LLC.

**THIRD COUNT (Zucyla Enterprises, LLC – Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Third Count.

7. Defendant, Zucyla Enterprises, LLC, was a company doing business in the State of Connecticut.

8. At all times mentioned herein, Defendant, Zucyla Enterprises, LLC was the parent company of the Defendant, Urgent Care Solutions, LLC, which it controlled and directed.

9. At all times mentioned herein Defendant, Zucyla Enterprises, LLC was d/b/a PhysicianOne Urgent Care.

10. At all times mentioned herein, Defendant, Zucyla Enterprises, LLC, operated multiple facilities throughout the state of Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public known as PhysicianOne Urgent Care.

11. At all times mentioned herein, Defendant, Zucyla Enterprises, LLC, operated a facility in Southbury, Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public known as PhysicianOne Urgent Care in Southbury.

12. Defendant, Zucyla Enterprises, LLC's facility in Southbury also offered same day, walk-in, x-rays.

13. On February 26, 2020, Lisa Sullivan began treatment with Waterbury Pulmonology Associates.

14. Waterbury Pulmonology Associates treated Lisa Sullivan for worsening symptoms of dyspnea, dyspnea with exertion, asthma, coughing, barking, hacking, chest congestion, chest tightness, wheezing, and gastroesophageal reflux.

15. On May 15, 2020, Lisa Sullivan was seen by a board-certified pulmonologist at Waterbury Pulmonary Associates.

16. On May 15, 2020, Lisa Sullivan was approximately 35 weeks pregnant.
17. On May 15, 2020, Waterbury Pulmonary Associates documented that Lisa Sullivan reported chest pain, chest tightness, shortness of breath, wheezing, daytime fatigue, and poorly controlled asthma and GERD.
18. On May 15, 2020, the board-certified pulmonologist who had been treating Lisa Sullivan at Waterbury Pulmonary Associates directed Lisa Sullivan to Defendant, Zucyla Enterprises, LLC in Southbury, Connecticut to have a chest x-ray.
19. Lisa Sullivan then went to Defendant, Zucyla Enterprises, LLC at its Southbury, Connecticut location.
20. Defendant, Zucyla Enterprises, LLC advertises and advertised at that time, that they provide full-service, walk-in, on-site digital X-ray services for adults and children; that these are handled in-house to eliminate wait or travel; and those images are reviewed by board-certified radiologists to ensure accurate diagnosis and best possible treatment plan.
21. Defendant, Zucyla Enterprises, LLC advertises that it provides digital x-ray imaging for asthma management and treatment services; and treatment for everyday illnesses and injuries.
22. On May 15, 2020, Defendant, Zucyla Enterprises, LLC, through its servants, agents, apparent agents and/or employees undertook the care, treatment, monitoring, diagnosing and supervision of Lisa Sullivan for the same conditions.
23. On May 15, 2020, Lisa Sullivan was seen by Kevin Wood, PA-C at Defendant, Zucyla Enterprises, LLC.

24. Defendant, Zucyla Enterprises, LLC documented Lisa Sullivan had been seen by her pulmonologist that day and sent to PhysicianOne Urgent Care for a chest x-ray.
25. Defendant, Zucyla Enterprises, LLC also documented Lisa Sullivan's acute chest pain, intermittent chest tightness for four days, asthma, worsening cough, nasal congestion, chest congestion, shortness of breath, sharp pain across entire chest, 35 weeks pregnant, and prolonged treatment for asthma during pregnancy and 2/2 GERD.
26. Defendant, Zucyla Enterprises, LLC diagnosed Lisa Sullivan with COVID19 and costochondritis.
27. Costochondritis is an inflammation of the cartilage that connects a rib to the breastbone. Pain caused by costochondritis might mimic that of a heart attack or other heart conditions.
28. There is no specific test for costochondritis. Costochondritis is a diagnosis made after more serious causes of chest pain related to your heart or lungs are negative.
29. Defendant, Zucyla Enterprises, LLC did not perform a chest x-ray.
30. Defendant, Zucyla Enterprises, LLC did not perform a ECG.
31. Defendant, Zucyla Enterprises, LLC did not perform a blood test.
32. Defendant, Zucyla Enterprises, LLC did not consult a physician.
33. Defendant, Zucyla Enterprises, LLC did not notify Lisa Sullivan's pulmonologist that it was not conducting the requested chest x-ray.

34. On May 18, 2020, Defendant, Zucyla Enterprises, LLC communicated to Lisa Sullivan that the COVID19 test had come back negative.
35. Defendant, Zucyla Enterprises, LLC did not take any other action.
36. On June 9, 2020, Lisa Sullivan commenced a planned induction for her baby.
37. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.
38. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.
39. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.
40. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.
41. Had this mediastinal mass been diagnosed earlier, its more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.
42. This mediastinal mass would have been apparent on a standard chest x-ray on May 15, 2020.
43. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Zucyla Enterprises, LLC, and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.
44. As a result of the carelessness and negligence of Defendant, Zucyla Enterprises, LLC and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

45. Lisa Sullivan lost the opportunity to survive due to Defendant, Zucyla Enterprises, LLC's negligence.

46. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

47. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

48. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

49. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

50. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Zucyla Enterprises, LLC, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to refer Lisa Sullivan to another facility if they lacked the equipment to perform a chest x-ray on a pregnant woman;
- c. Failed to refer Lisa Sullivan to the emergency room;
- d. Failed to perform the radiological test ordered by a board-certified physician;
- e. Failed to perform the radiological test ordered by a board-certified pulmonologist;
- f. Failed to consult Lisa Sullivan's pulmonologist regarding the need for a chest x-ray;
- g. Failed to consult Lisa Sullivan's obstetrician regarding the need for a chest x-ray;

- h. Failed to consult a physician about the appropriateness of a chest x-ray;
- i. Failed to consult a radiologist about the risks of a chest x-ray to the unborn baby in the 35<sup>th</sup> week;
- j. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- k. Failed to perform a ECG;
- l. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- m. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- n. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- o. Improperly failed to provide Lisa Sullivan medical decision making of moderate complexity;
- p. Improperly assessed Lisa Sullivan as having a medical condition with low complexity;
- q. Improperly failed to provide Lisa Sullivan medical decision making of low complexity;
- r. Failed to spend sufficient time with Lisa Sullivan to properly diagnose and treat her;
- s. Failed to provide properly authorized medical professionals to diagnose and treat Lisa Sullivan;

- t. Failed to properly refer Lisa Sullivan when they were unable to provide properly qualified medical professionals to diagnose and treat her;
- u. Failed to provide properly educated medical professionals to diagnose and treat Lisa Sullivan;
- v. Failed to properly supervise its physician's assistants;
- w. Failed to properly supervise, control and direct the physician's assistant in violation of C.G.S. §§20-12a *et seq.*;
- x. Failed to provide a physician's assistant who followed the control and direction of their supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- y. Failed to actively and continuing supervision of performance of its physician's assistants in violation of C.G.S. §§20-12a *et seq.*
- z. Failed to be continuously available for direct communications in violation of C.G.S. §§20-12a *et seq.*;
- aa. Failed to have the work of the physician's assistant personally reviewed by the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- bb. Failed to review the charts and records of the physician's assistant on a regular basis as necessary to ensure quality patient care and written documentation of such review in violation of C.G.S. §§20-12a *et seq.*;
- cc. Failed to have a delineated predetermined plan for emergency situations in violation of C.G.S. §§20-12a *et seq.*;
- dd. Failed To designate an alternate licensed physician in the absence of the supervising physician in violation of C.G.S. §§20-12a *et seq.*;

ee. Failed to have a written delegation agreement in violation of C.G.S. §§20-12a *et seq.*;

ff. Acted outside the scope of the written delegation agreement in violation of C.G.S. §§20-12a *et seq.*

gg. Failed to supervise its physician's assistants in violation of its written delegation agreement;

hh. Failed to require sufficient supervision of its physician's assistants in its written delegation agreement;

51. Opinions by similar healthcare providers, in accordance with General Statutes 52-190a(a), are attached hereto as Exhibit D.

52. At all times relevant herein, Kevin Wood, PA-C was acting as a servant, agent, apparent agent and/or employee of Defendant, Zucyla Enterprises, LLC.

#### **FOURTH COUNT (WRK Ventures, LLC – Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Fourth Count.

7. Defendant, WRK Ventures, LLC was a company doing business in the State of Connecticut.

8. At all times mentioned herein, Defendant, WRK Ventures, LLC was the parent company of the Defendant, Urgent Care Solutions, LLC, which it controlled and directed.

9. At all times mentioned herein Defendant, WRK Ventures, LLC was d/b/a PhysicianOne Urgent Care.

10. At all times mentioned herein, Defendant, WRK Ventures, LLC, operated multiple facilities throughout the state of Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public known as PhysicianOne Urgent Care.
11. At all times mentioned herein, Defendant, WRK Ventures, LLC, operated a facility in Southbury, Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public known as PhysicianOne Urgent Care in Southbury.
12. Defendant, WRK Ventures, LLC's facility in Southbury also offered same day, walk-in, x-rays.
13. On February 26, 2020, Lisa Sullivan began treatment with Waterbury Pulmonology Associates.
14. Waterbury Pulmonology Associates treated Lisa Sullivan for worsening symptoms of dyspnea, dyspnea with exertion, asthma, coughing, barking, hacking, chest congestion, chest tightness, wheezing, and gastroesophageal reflux.
15. On May 15, 2020, Lisa Sullivan was seen by a board-certified pulmonologist at Waterbury Pulmonary Associates.
16. On May 15, 2020, Lisa Sullivan was approximately 35 weeks pregnant.
17. On May 15, 2020, Waterbury Pulmonary Associates documented that Lisa Sullivan reported chest pain, chest tightness, shortness of breath, wheezing, daytime fatigue, and poorly controlled asthma and GERD.

18. On May 15, 2020, the board-certified pulmonologist who had been treating Lisa Sullivan at Waterbury Pulmonary Associates directed Lisa Sullivan to Defendant, WRK Ventures, LLC in Southbury, Connecticut to have a chest x-ray.
19. Lisa Sullivan then went to Defendant, WRK Ventures, LLC at its Southbury, Connecticut location.
20. Defendant, WRK Ventures, LLC advertises and advertised at that time, that they provide full-service, walk-in, on-site digital X-ray services for adults and children; that these are handled in-house to eliminate wait or travel; and those images are reviewed by board-certified radiologists to ensure accurate diagnosis and best possible treatment plan.
21. Defendant, WRK Ventures, LLC advertises that it provides digital x-ray imaging for asthma management and treatment services; and treatment for everyday illnesses and injuries.
22. On May 15, 2020, Defendant, WRK Ventures, LLC, through its servants, agents, apparent agents and/or employees undertook the care, treatment, monitoring, diagnosing and supervision of Lisa Sullivan for the same conditions.
23. On May 15, 2020, Lisa Sullivan was seen by Kevin Wood, PA-C at Defendant, WRK Ventures, LLC.
24. Defendant, WRK Ventures, LLC documented Lisa Sullivan had been seen by her pulmonologist that day and sent to PhysicianOne Urgent Care for a chest x-ray.
25. Defendant, WRK Ventures, LLC also documented Lisa Sullivan's acute chest pain, intermittent chest tightness for four days, asthma, worsening cough, nasal congestion, chest congestion, shortness of breath, sharp pain across entire

chest, 35 weeks pregnant, and prolonged treatment for asthma during pregnancy and 2/2 GERD.

26. Defendant, WRK Ventures, LLC diagnosed Lisa Sullivan with COVID19 and costochondritis.

27. Costochondritis is an inflammation of the cartilage that connects a rib to the breastbone. Pain caused by costochondritis might mimic that of a heart attack or other heart conditions.

28. There is no specific test for costochondritis. Costochondritis is a diagnosis made after more serious causes of chest pain related to your heart or lungs are negative.

29. Defendant, WRK Ventures, LLC did not perform a chest x-ray.

30. Defendant, WRK Ventures, LLC did not perform a ECG.

31. Defendant, WRK Ventures, LLC did not perform a blood test.

32. Defendant, WRK Ventures, LLC did not consult a physician.

33. Defendant, WRK Ventures, LLC did not notify Lisa Sullivan's pulmonologist that it was not conducting the requested chest x-ray.

34. On May 18, 2020, Defendant, WRK Ventures, LLC communicated to Lisa Sullivan that the COVID19 test had come back negative.

35. Defendant, WRK Ventures, LLC did not take any other action.

36. On June 9, 2020, Lisa Sullivan commenced a planned induction for her baby.

37. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

38. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

39. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.
40. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.
41. Had this mediastinal mass been diagnosed earlier, its more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.
42. This mediastinal mass would have been apparent on a standard chest x-ray on May 15, 2020.
43. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, WRK Ventures, LLC, and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.
44. As a result of the carelessness and negligence of Defendant, WRK Ventures, LLC and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:
- a. Cardiopulmonary decompensation;
  - b. Airway compression;
  - c. Left sided pneumothorax;
  - d. Acute hypoxemic respiratory failure;
  - e. Severe anoxic encephalopathy;
  - f. Cerebral edema;
  - g. Diffuse loss of gray-white interface;

- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

45. Lisa Sullivan lost the opportunity to survive due to Defendant, WRK Ventures, LLC's negligence.

46. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

47. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

48. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

49. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

50. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, WRK Ventures, LLC, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to refer Lisa Sullivan to another facility if they lacked the equipment to perform a chest x-ray on a pregnant woman;
- c. Failed to refer Lisa Sullivan to the emergency room;
- d. Failed to perform the radiological test ordered by a board-certified physician;
- e. Failed to perform the radiological test ordered by a board-certified pulmonologist;
- f. Failed to consult Lisa Sullivan's pulmonologist regarding the need for a chest x-ray;
- g. Failed to consult Lisa Sullivan's obstetrician regarding the need for a chest x-ray;
- h. Failed to consult a physician about the appropriateness of a chest x-ray;
- i. Failed to consult a radiologist about the risks of a chest x-ray to the unborn baby in the 35<sup>th</sup> week;
- j. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- k. Failed to perform a ECG;
- l. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;

- m. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- n. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- o. Improperly failed to provide Lisa Sullivan medical decision making of moderate complexity;
- p. Improperly assessed Lisa Sullivan as having a medical condition with low complexity;
- q. Improperly failed to provide Lisa Sullivan medical decision making of low complexity;
- r. Failed to spend sufficient time with Lisa Sullivan to properly diagnose and treat her;
- s. Failed to provide properly authorized medical professionals to diagnose and treat Lisa Sullivan;
- t. Failed to properly refer Lisa Sullivan when they were unable to provide properly qualified medical professionals to diagnose and treat her;
- u. Failed to provide properly educated medical professionals to diagnose and treat Lisa Sullivan;
- v. Failed to properly supervise its physician's assistants;
- w. Failed to properly supervise, control and direct the physician's assistant in violation of C.G.S. §§20-12a *et seq.*;

- x. Failed to provide a physician's assistant who followed the control and direction of their supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- y. Failed to actively and continuing supervision of performance of its physician's assistants in violation of C.G.S. §§20-12a *et seq.*
- z. Failed to be continuously available for direct communications in violation of C.G.S. §§20-12a *et seq.*;
- aa. Failed to have the work of the physician's assistant personally reviewed by the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- bb. Failed to review the charts and records of the physician's assistant on a regular basis as necessary to ensure quality patient care and written documentation of such review in violation of C.G.S. §§20-12a *et seq.*;
- cc. Failed to have a delineated predetermined plan for emergency situations in violation of C.G.S. §§20-12a *et seq.*;
- dd. Failed To designate an alternate licensed physician in the absence of the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- ee. Failed to have a written delegation agreement in violation of C.G.S. §§20-12a *et seq.*;
- ff. Acted outside the scope of the written delegation agreement in violation of C.G.S. §§20-12a *et seq.*
- gg. Failed to supervise its physician's assistants in violation of its written delegation agreement;

hh. Failed to require sufficient supervision of its physician's assistants in its written delegation agreement;

51. Opinions by similar healthcare providers, in accordance with General Statutes 52-190a(a), are attached hereto as Exhibit D.

52. At all times relevant herein, Kevin Wood, PA-C was acting as a servant, agent, apparent agent and/or employee of Defendant, WRK Ventures, LLC.

#### **FIFTH COUNT (Kevin Wood, PA-C - Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Fifth Count.

7. Defendant, Kevin Wood, PA-C was a certified physician's assistant working in the State of Connecticut.

8. At all times mentioned herein, Kevin Wood, PA-C worked at a location in Southbury, Connecticut that provided internal medicine services on a walk-in and urgent care basis to the public.

9. The facility where Kevin Wood, PA-C worked offered same day, walk-in, x-rays.

10. On February 26, 2020, Lisa Sullivan began treatment with Waterbury Pulmonology Associates.

11. Waterbury Pulmonology Associates treated Lisa Sullivan for worsening symptoms of dyspnea, dyspnea with exertion, asthma, coughing, barking, hacking, chest congestion, chest tightness, wheezing, and gastroesophageal reflux.

12. On May 15, 2020, Lisa Sullivan was seen by a board-certified pulmonologist at Waterbury Pulmonary Associates.

13. On May 15, 2020, Lisa Sullivan was approximately 35 weeks pregnant.
14. On May 15, 2020, Waterbury Pulmonary Associates documented that Lisa Sullivan reported chest pain, chest tightness, shortness of breath, wheezing, daytime fatigue, and poorly controlled asthma and GERD.
15. On May 15, 2020, the board-certified pulmonologist who had been treating Lisa Sullivan at Waterbury Pulmonary Associates directed Lisa Sullivan to Kevin Wood, PA-C's location in Southbury, Connecticut to have a chest x-ray.
16. Lisa Sullivan then went to Defendant, Kevin Wood, PA-C.
17. The facility where Defendant, Kevin Wood, PA-C services patients advertises and advertised at that time, that they provide full-service, walk-in, on-site digital X-ray services for adults and children; that these are handled in-house to eliminate wait or travel; and those images are reviewed by board-certified radiologists to ensure accurate diagnosis and best possible treatment plan.
18. The facility where Defendant, Kevin Wood, PA-C services patients advertises that it provides digital x-ray imaging for asthma management and treatment services; and treatment for everyday illnesses and injuries.
19. On May 15, 2020, Defendant, Kevin Wood, PA-C undertook the care, treatment, monitoring, diagnosing and supervision of Lisa Sullivan for the same conditions.
20. On May 15, 2020, Lisa Sullivan was seen by Kevin Wood, PA-C.
21. Defendant, Kevin Wood, PA-C documented Lisa Sullivan had been seen by her pulmonologist that day and sent to Kevin Wood, PA-C for a chest x-ray.
22. Defendant, Kevin Wood, PA-C also documented Lisa Sullivan's acute chest pain, intermittent chest tightness for four days, asthma, worsening cough, nasal

congestion, chest congestion, shortness of breath, sharp pain across entire chest, 35 weeks pregnant, and prolonged treatment for asthma during pregnancy and 2/2 GERD.

23. Defendant, Kevin Wood, PA-C diagnosed Lisa Sullivan with COVID19 and costochondritis.

24. Costochondritis is an inflammation of the cartilage that connects a rib to the breastbone. Pain caused by costochondritis might mimic that of a heart attack or other heart conditions.

25. There is no specific test for costochondritis. Costochondritis is a diagnosis made after more serious causes of chest pain related to your heart or lungs are negative.

26. Defendant, Kevin Wood, PA-C did not perform a chest x-ray.

27. Defendant, Kevin Wood, PA-C did not perform a ECG.

28. Defendant, Kevin Wood, PA-C did not perform a blood test.

29. Defendant, Kevin Wood, PA-C did not consult a physician.

30. Defendant, Kevin Wood, PA-C did not notify Lisa Sullivan's pulmonologist that it was not conducting the requested chest x-ray.

31. On May 18, 2020, Defendant, Kevin Wood, PA-C communicated to Lisa Sullivan that the COVID19 test had come back negative.

32. Defendant, Kevin Wood, PA-C did not take any other action.

33. On June 9, 2020, Lisa Sullivan commenced a planned induction for her baby.

34. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

35. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.
36. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.
37. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.
38. Had this mediastinal mass been diagnosed earlier, its more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.
39. This mediastinal mass would have been apparent on a standard chest x-ray on May 15, 2020.
40. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Kevin Wood, PA-C, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.
41. As a result of the carelessness and negligence of Defendant and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:
- a. Cardiopulmonary decompensation;
  - b. Airway compression;
  - c. Left sided pneumothorax;
  - d. Acute hypoxemic respiratory failure;
  - e. Severe anoxic encephalopathy;
  - f. Cerebral edema;

- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

42. Lisa Sullivan lost the opportunity to survive due to Defendant, Kevin Wood, PA-C, negligence.

43. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

44. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

45. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

46. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

47. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Kevin Wood, PA-C, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to refer Lisa Sullivan to another facility if they lacked the equipment to perform a chest x-ray on a pregnant woman;
- c. Failed to refer Lisa Sullivan to the emergency room;
- d. Failed to perform the radiological test ordered by a board-certified physician;
- e. Failed to perform the radiological test ordered by a board-certified pulmonologist;
- f. Failed to consult Lisa Sullivan's pulmonologist regarding the need for a chest x-ray;
- g. Failed to consult Lisa Sullivan's obstetrician regarding the need for a chest x-ray;
- h. Failed to consult a physician about the appropriateness of a chest x-ray;
- i. Failed to consult a radiologist about the risks of a chest x-ray to the unborn baby in the 35<sup>th</sup> week;
- j. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- k. Failed to perform a ECG;

- l. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- m. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- n. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- o. Improperly failed to provide Lisa Sullivan medical decision making of moderate complexity;
- p. Improperly assessed Lisa Sullivan as having a medical condition with low complexity;
- q. Improperly failed to provide Lisa Sullivan medical decision making of low complexity;
- r. Failed to spend sufficient time with Lisa Sullivan to properly diagnose and treat her;
- s. Failed to provide properly authorized medical professionals to diagnose and treat Lisa Sullivan;
- t. Failed to properly refer Lisa Sullivan when they were unable to provide properly qualified medical professionals to diagnose and treat her;
- u. Failed to provide properly educated medical professionals to diagnose and treat Lisa Sullivan;
- v. Failed to properly supervise its physician's assistants;

- w. Failed to properly supervise, control and direct the physician's assistant in violation of C.G.S. §§20-12a *et seq.*;
- x. Failed to provide a physician's assistant who followed the control and direction of their supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- y. Failed to actively and continuing supervision of performance of its physician's assistants in violation of C.G.S. §§20-12a *et seq.*
- z. Failed to be continuously available for direct communications in violation of C.G.S. §§20-12a *et seq.*;
- aa. Failed to have the work of the physician's assistant personally reviewed by the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- bb. Failed to review the charts and records of the physician's assistant on a regular basis as necessary to ensure quality patient care and written documentation of such review in violation of C.G.S. §§20-12a *et seq.*;
- cc. Failed to have a delineated predetermined plan for emergency situations in violation of C.G.S. §§20-12a *et seq.*;
- dd. Failed to designate an alternate licensed physician in the absence of the supervising physician in violation of C.G.S. §§20-12a *et seq.*;
- ee. Failed to have a written delegation agreement in violation of C.G.S. §§20-12a *et seq.*;
- ff. Acted outside the scope of the written delegation agreement in violation of C.G.S. §§20-12a *et seq.*

gg. Failed to supervise its physician's assistants in violation of its written delegation agreement; and

hh. Failed to require sufficient supervision of its physician's assistants in its written delegation agreement.

48. Opinions by similar healthcare providers, in accordance with General Statutes 52-190a(a), are attached hereto as Exhibit D.

**SIXTH COUNT (Joint Venture / Partnership Physician One, Urgent Care, Zucyla, WRK, and Kevin Wood, PA-C)**

1-49. Plaintiff repeats and re-alleges paragraphs one through forty-nine of the First Count as if fully set forth herein as paragraphs one through forty-nine of this the Sixth Count.

50-94. Plaintiff repeats and re-alleges paragraphs seven through fifty-one of the Second Count as if fully set forth herein as paragraphs fifty through ninety-four of this the Sixth Count.

95-140. Plaintiff repeats and re-alleges paragraphs seven through fifty-two of the Third Count as if fully set forth herein as paragraphs 95 through 140 of this the Sixth Count.

141-186. Plaintiff repeats and re-alleges paragraphs 7 through 52 of the Fourth Count as if fully set forth herein as paragraphs 141 through 186 of this the Sixth Count.

187-228. Plaintiff repeats and re-alleges paragraphs seven through forty-eight of the Fifth Count as if fully set forth herein as paragraphs 187 through 228 of this the Sixth Count.

229. At all times relevant herein, Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC, WRK Ventures, LLC and Kevin Wood, PA-C were engaged in a joint venture or a partnership.

230. At all times relevant herein, Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC, WRK Ventures, LLC and Kevin Wood, PA-C had an agreement to operate an urgent care facility(ies) and provide urgent care services to the general public.

231. At all times relevant herein, Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC, WRK Ventures, LLC, and Kevin Wood, PA-C each contributed property, finance, effort, skill and knowledge.

232. At all times relevant herein, Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC; Zucyla Enterprises, LLC; and WRK Ventures, LLC provided facilities, equipment, advertising, web pages and staff.

233. Defendant, Kevin Wood, PA-C contributed his knowledge and services.

234. Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC; and WRK Ventures, LLC contributed physician(s) who were, or were supposed to be responsible for, the supervision of Defendant, Kevin Wood, PA-C such that he could practice medicine.

235. Defendants, Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC; WRK Ventures, LLC; and Kevin Wood, PA-C engaged in these activities to get patients.

236. Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC; WRK Ventures, LLC and Kevin Wood, PA-C were engaged in these activities to collect and increase revenue.

237. Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC; WRK Ventures, LLC and Kevin Wood, PA-C shared profits and losses of the enterprise.

238. Defendants, Physician One Urgent Care, Urgent Care Solutions, LLC, Zucyla Enterprises, LLC; WRK Ventures, LLC; and Kevin Wood, PA-C each had control over the enterprise as well as their specific contributions thereto.

239. All services provided, or not provided, to Lisa Sullivan were done in the furtherance of this joint venture and/or partnership.

**SEVENTH COUNT (Candlewood Center for Women's Health - Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Seventh Count.

7. Defendant, Candlewood Center for Women's Health (hereafter Candlewood) was an entity doing business in the State of Connecticut.

8. At all times mentioned herein, Defendant, Candlewood, operated a facility in Danbury, Connecticut and provided additional treatment at Danbury Hospital, including labor and delivery for its pregnant patients.

9. Commencing on October 23, 2019, and continuing through her death on June 15, 2020, Defendant, Candlewood undertook the care, treat, monitoring, diagnosing and supervision of Lisa Sullivan.

10. At all times mentioned herein, Defendant, Candlewood had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD involved in the care and treatment of Lisa Sullivan.

11. On October 23, 2019, Defendant, Candlewood confirmed that Lisa Sullivan was pregnant.

12. On November 13, 2019, Defendant, Candlewood documented that Lisa Sullivan reported she had been diagnosed with bronchitis and that she was taking the antibiotic, Azithromycin to treat it.

13. On January 29, 2020, Defendant, Candlewood documented that Lisa Sullivan complained of shortness of breath, increased dyspnea on exertion, and cough that was worse at night. Defendant advised Lisa Sullivan to follow-up with her primary care physician for these complaints and that she might need an inhaler. It's also documented that Lisa Sullivan had begun taking another antibiotic, amoxicillin, on January 27, 2020.

14. On February 26, 2020, Defendant, Candlewood documented that Lisa Sullivan had a cough; was taking Robitussin, Pepcid and Symbicort; and was seeing a pulmonary physician. It's also documented that Lisa Sullivan had begun albuterol and prednisone on February 11, 2020.

15. On March 25, 2020, Defendant documented that Lisa Sullivan had asthma and was taking Flovent. Defendant noted that Flovent had started on March 11, 2020.

16. On April 9, 2020, Defendant documented that Lisa Sullivan was taking prednisone for an asthma flair-up and had a consult with her pulmonologist for it. A plan was made for an elective induction for 39-40 weeks into the pregnancy. Defendant also noted that Lisa Sullivan had started another prescription for Symbicort on April 6, 2020; Prednisone on April 6, 2020; and prednisolone on April 7, 2020.

17. On May 4, 2020, Defendant documented that Lisa Sullivan was on Pepcid, Asmanex, albuterol and Nexium; that her asthma has gotten worse; that she was treating with a pulmonologist. Defendant planned to do weekly non-stress test (NST) due to the asthma. Defendant, Candlewood also noted that Lisa Sullivan had started another prescription for prednisolone on April 11, 2020.

18. On May 11, 2020, Defendant, Candlewood documented that Lisa Sullivan's asthma was "fair controlled" and that she would see her pulmonologist the next day. It's also noted that Lisa Sullivan had started another prescription for Symbicort on May 4, 2020.

19. On May 13, 2020, Defendant, Candlewood documented that it had obtained and scanned into their chart of the pulmonology records for Lisa Sullivan. These records

show that Lisa Sullivan had chest tightness, chest congestion, shortness of breath, dyspnea, daytime fatigue, persistent wheezing, cough, and hoarseness; and that despite the medications the asthma was poorly controlled. It's also noted that Lisa is unable to sleep flat and feels pills get stuck in her throat. The May 12, 2020, note specifically documents that Lisa Sullivan needs imaging, biologics/add on therapy and formal GI evaluation.

20. On May 21, 2020, Defendant, Candlewood documented that it scheduled Lisa Sullivan's planned induction of labor for June 15, 2020.

21. On May 22, 2020, Defendant, Candlewood documented that it changed the date for Lisa Sullivan's planned induction of labor to June 9, 2020.

22. On May 26, 2020, Defendant documented that Lisa Sullivan had right sided pain and headaches that were not relieved with Tylenol.

23. On May 28, 2020, Defendant documented that Lisa Sullivan was finishing another course of prednisone for asthma and that she had a negative COVID test as part of a work-up for her pulmonary issues. It's also documented that Lisa Sullivan had started additional prednisolone on May 15, 2020.

24. On June 5, 2020, Defendant documented that Lisa Sullivan's asthma was really bad that day and that she was having a hard time breathing. Lisa Sullivan was unable to lay down for the NST test. Lisa Sullivan had to sit up for the NST test. Her pulse was 112 beats per minute and her O2 saturation was only 96%. During the NST its documented that Lisa Sullivan was wheezing and short of breath and stated her asthma was acting up. The BPP also fell to 8/10 from its previous 10/10 scores. Defendant

also documented that Lisa Sullivan had started a new prescription for Flovent on June 1, 2020; Albuterol on May 30, 2020; and Symbicort on May 30, 2020.

25. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant.

26. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

27. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

28. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

29. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

30. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

31. On June 9, 2020, at 21:22, Defendant noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

32. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

33. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

34. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

35. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan was seen by Defendants at bedside after Danbury Hospital nurse called with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

36. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

37. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

38. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

39. On June 10, 2020, at 9:22am, Defendant, Candlewood requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

40. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

41. The respiratory therapy was not done.

42. Defendant, Candlewood did not order a chest x-ray or echocardiogram.

43. Neither a chest x-ray nor an echocardiogram were performed.

44. Defendant did not request a pulmonology consult.

45. Defendant did not request a cardiology consult.

46. Defendant did not request a thoracic surgery consult.

47. Defendant did not consult a radiologist.

48. Defendant proceeded with an elective induction of delivery for the baby.

49. Defendant attempted a vaginal delivery with vacuum.

50. The attempted vaginal delivery failed.

51. Defendant moved to a cesarian section to delivery the baby.

52. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

53. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

54. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

55. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

56. Had this mediastinal mass been diagnosed earlier, its more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

57. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

58. Delivery of the baby was elective and induced.

59. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

60. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Candlewood and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

61. As a result of the carelessness and negligence of Defendant, Candlewood and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;

- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

62. Lisa Sullivan lost the opportunity to survive due to Defendant, Candlewood's negligence.

63. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

64. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

65. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

66. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

67. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Candlewood, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;

- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

68. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**EIGHTH COUNT (Malpractice – Women’s Health Connecticut, Inc.)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Eighth Count.

7. Defendant, Women’s Health Connecticut, Inc. (hereafter Women’s Health) was a company doing business in the State of Connecticut.

8. At all times mentioned herein, Defendant, Women’s Health, operated a network of obstetrics and gynecology medical practice in Connecticut that provided obstetricians, nurses, physician’s assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

9. At all times mentioned herein, Defendant, Women’s Health was d/b/a Candlewood Center for Women’s Health.

10. At all times mentioned herein, Defendant, Women's Health, operated a facility in Danbury, Connecticut and provided additional treatment at Danbury Hospital, including labor and delivery for its pregnant patients.

11. At all times mentioned herein, Defendant, Women's Health, operated an obstetrics and gynecology medical practice in Danbury, Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

12. Commencing on October 23, 2019, and continuing through her death on June 15, 2020, Defendant, Women's Health undertook the care, treat, monitoring, diagnosing and supervision of Lisa Sullivan.

13. At all times mentioned herein, Defendant, Women's Health had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD involved in the care and treatment of Lisa Sullivan.

14. On October 23, 2019, Defendant, Women's Health confirmed that Lisa Sullivan was pregnant.

15. On November 13, 2019, Defendant, Women's Health documented that Lisa Sullivan reported she had been diagnosed with bronchitis and that she was taking the antibiotic, Azithromycin to treat it.

16. On January 29, 2020, Defendant, Women's Health documented that Lisa Sullivan complained of shortness of breath, increased dyspnea on exertion, and cough

that was worse at night. Defendant advised Lisa Sullivan to follow-up with her primary care physician for these complaints and that she might need an inhaler. It's also documented that Lisa Sullivan had begun taking another antibiotic, amoxicillin, on January 27, 2020.

17. On February 26, 2020, Defendant, Women's Health documented that Lisa Sullivan had a cough; was taking Robitussin, Pepcid and Symbicort; and was seeing a pulmonary physician. It's also documented that Lisa Sullivan had begun albuterol and prednisone on February 11, 2020.

18. On March 25, 2020, Defendant, Women's Health documented that Lisa Sullivan had asthma and was taking Flovent. Defendant noted that Flovent had started on March 11, 2020.

19. On April 9, 2020, Defendant, Women's Health documented that Lisa Sullivan was taking prednisone for an asthma flair-up and had a consult with her pulmonologist for it. A plan was made for an elective induction for 39-40 weeks into the pregnancy. Defendant also noted that Lisa Sullivan had started another prescription for Symbicort on April 6, 2020; Prednisone on April 6, 2020; and prednisolone on April 7, 2020.

20. On May 4, 2020, Defendant, Women's Health documented that Lisa Sullivan was on Pepcid, Asmanex, albuterol and Nexium; that her asthma has gotten worse; that she was treating with a pulmonologist. Defendant planned to do weekly non-stress test (NST) due to the asthma. Defendant, Women's Health also noted that Lisa Sullivan had started another prescription for prednisolone on April 11, 2020.

21. On May 11, 2020, Defendant, Women's Health documented that Lisa Sullivan's asthma was "fair controlled" and that she would see her pulmonologist the next day. It's also noted that Lisa Sullivan had started another prescription for Symbicort on May 4, 2020.

22. On May 13, 2020, Defendant, Women's Health documented that it had obtained and scanned into their chart of the pulmonology records for Lisa Sullivan. These records show that Lisa Sullivan had chest tightness, chest congestion, shortness of breath, dyspnea, daytime fatigue, persistent wheezing, cough, and hoarseness; and that despite the medications the asthma was poorly controlled. It's also noted that Lisa is unable to sleep flat and feels pills get stuck in her throat. The May 12, 2020, note specifically documents that Lisa Sullivan needs imaging, biologics/add on therapy and formal GI evaluation.

23. On May 21, 2020, Defendant, Women's Health documented that it scheduled Lisa Sullivan's planned induction of labor for June 15, 2020.

24. On May 22, 2020, Defendant, Women's Health documented that it changed the date for Lisa Sullivan's planned induction of labor to June 9, 2020.

25. On May 26, 2020, Defendant, Women's Health documented that Lisa Sullivan had right sided pain and headaches that were not relieved with Tylenol.

26. On May 28, 2020, Defendant, Women's Health documented that Lisa Sullivan was finishing another course of prednisone for asthma and that she had a negative COVID test as part of a work-up for her pulmonary issues. It's also documented that Lisa Sullivan had started additional prednisolone on May 15, 2020.

27. On June 5, 2020, Defendant, Women's Health documented that Lisa Sullivan's asthma was really bad that day and that she was having a hard time breathing. Lisa Sullivan was unable to lay down for the NST test. Lisa Sullivan had to sit up for the NST test. Her pulse was 112 beats per minute and her O2 saturation was only 96%. During the NST its documented that Lisa Sullivan was wheezing and short of breath and stated her asthma was acting up. The BPP also fell to 8/10 from its previous 10/10 scores. Defendant also documented that Lisa Sullivan had started a new prescription for Flovent on June 1, 2020; Albuterol on May 30, 2020; and Symbicort on May 30, 2020.

28. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, Women's Health.

29. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

30. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

31. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

32. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

33. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

34. On June 9, 2020, at 21:22, Defendant, Women's Health noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

35. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

36. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

37. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

38. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan was seen by Defendants at bedside after Danbury Hospital nurse called with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

39. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

40. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

41. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

42. On June 10, 2020, at 9:22am, Defendant, Women's Health requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

43. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

44. The respiratory therapy was not done.

45. Defendant, Women's Health did not order a chest x-ray or echocardiogram.

46. Neither a chest x-ray nor an echocardiogram were performed.

47. Defendant did not request a pulmonology consult.

48. Defendant did not request a cardiology consult.

49. Defendant did not request a thoracic surgery consult.

50. Defendant did not consult a radiologist.

51. Defendant proceeded with an elective induction of delivery for the baby.

52. Defendant attempted a vaginal delivery with vacuum.

53. The attempted vaginal delivery failed.

54. Defendant moved to a cesarian section to delivery the baby.

55. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

56. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

57. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

58. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

59. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

60. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

61. Delivery of the baby was elective and induced.

62. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

63. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Women's Health and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

64. As a result of the carelessness and negligence of Defendant, Women's Health and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;

- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

65. Lisa Sullivan lost the opportunity to survive due to Defendant, Women's Health's negligence.

66. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

67. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

68. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

69. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

70. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Women's Health, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;

- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
  - l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
  - m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
  - n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
  - o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.
71. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**NINTHTH COUNT (Malpractice – Physicians for Womens Health, LLC)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Ninth Count.

7. Defendant, Physicians for Womens Health, LLC (hereafter PWH), was a company doing business in the State of Connecticut.

8. Defendant, PWH was d/b/a Candlewood Center for Women's Health.

9. At all times mentioned herein, Defendant, PWH, operated a network of obstetrics and gynecology medical practice in Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

10. At all times mentioned herein, Defendant, PWH had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD.

11. At all times mentioned herein, Defendant, PWH, operated a network of obstetrics and gynecology medical practice in Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

12. At all times mentioned herein, Defendant, PWH was d/b/a Candlewood Center for Women's Health.

13. At all times mentioned herein, Defendant, PWH, operated a facility in Danbury, Connecticut and provided additional treatment at Danbury Hospital, including labor and delivery for its pregnant patients.

14. At all times mentioned herein, Defendant, PWH, operated an obstetrics and gynecology medical practice in Danbury, Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

15. Commencing on October 23, 2019, and continuing through her death on June 15, 2020, Defendant, PWH undertook the care, treat, monitoring, diagnosing and supervision of Lisa Sullivan.

13. At all times mentioned herein, Defendant, PWH had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD involved in the care and treatment of Lisa Sullivan.

14. On October 23, 2019, Defendant, PWH confirmed that Lisa Sullivan was pregnant.

15. On November 13, 2019, Defendant, PWH documented that Lisa Sullivan reported she had been diagnosed with bronchitis and that she was taking the antibiotic, Azithromycin to treat it.

16. On January 29, 2020, Defendant, PWH documented that Lisa Sullivan complained of shortness of breath, increased dyspnea on exertion, and cough that was worse at night. Defendant advised Lisa Sullivan to follow-up with her primary care physician for these complaints and that she might need an inhaler. It's also documented that Lisa Sullivan had begun taking another antibiotic, amoxicillin, on January 27, 2020.

17. On February 26, 2020, Defendant, PWH documented that Lisa Sullivan had a cough; was taking Robitussin, Pepcid and Symbicort; and was seeing a pulmonary physician. It's also documented that Lisa Sullivan had begun albuterol and prednisone on February 11, 2020.

18. On March 25, 2020, Defendant, PWH documented that Lisa Sullivan had asthma and was taking Flovent. Defendant noted that Flovent had started on March 11, 2020.

19. On April 9, 2020, Defendant, PWH documented that Lisa Sullivan was taking prednisone for an asthma flare-up and had a consult with her pulmonologist for it. A plan was made for an elective induction for 39-40 weeks into the pregnancy. Defendant also noted that Lisa Sullivan had started another prescription for Symbicort on April 6, 2020; Prednisone on April 6, 2020; and prednisolone on April 7, 2020.

20. On May 4, 2020, Defendant, PWH documented that Lisa Sullivan was on Pepcid, Asmanex, albuterol and Nexium; that her asthma has gotten worse; that she was treating with a pulmonologist. Defendant planned to do weekly non-stress test (NST) due to the asthma. Defendant, PWH also noted that Lisa Sullivan had started another prescription for prednisolone on April 11, 2020.

21. On May 11, 2020, Defendant, PWH documented that Lisa Sullivan's asthma was "fair controlled" and that she would see her pulmonologist the next day. It's also noted that Lisa Sullivan had started another prescription for Symbicort on May 4, 2020.

22. On May 13, 2020, Defendant, PWH documented that it had obtained and scanned into their chart of the pulmonology records for Lisa Sullivan. These records show that Lisa Sullivan had chest tightness, chest congestion, shortness of breath, dyspnea, daytime fatigue, persistent wheezing, cough, and hoarseness; and that despite the medications the asthma was poorly controlled. It's also noted that Lisa is unable to sleep flat and feels pills get stuck in her throat. The May 12, 2020, note

specifically documents that Lisa Sullivan needs imaging, biologics/add on therapy and formal GI evaluation.

23. On May 21, 2020, Defendant, PWH documented that it scheduled Lisa Sullivan's planned induction of labor for June 15, 2020.

24. On May 22, 2020, Defendant, PWH documented that it changed the date for Lisa Sullivan's planned induction of labor to June 9, 2020.

25. On May 26, 2020, Defendant, PWH documented that Lisa Sullivan had right sided pain and headaches that were not relieved with Tylenol.

26. On May 28, 2020, Defendant, PWH documented that Lisa Sullivan was finishing another course of prednisone for asthma and that she had a negative COVID test as part of a work-up for her pulmonary issues. It's also documented that Lisa Sullivan had started additional prednisolone on May 15, 2020.

27. On June 5, 2020, Defendant, PWH documented that Lisa Sullivan's asthma was really bad that day and that she was having a hard time breathing. Lisa Sullivan was unable to lay down for the NST test. Lisa Sullivan had to sit up for the NST test. Her pulse was 112 beats per minute and her O2 saturation was only 96%. During the NST its documented that Lisa Sullivan was wheezing and short of breath and stated her asthma was acting up. The BPP also fell to 8/10 from its previous 10/10 scores. Defendant also documented that Lisa Sullivan had started a new prescription for Flovent on June 1, 2020; Albuterol on May 30, 2020; and Symbicort on May 30, 2020.

28. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, PWH.

29. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

30. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

31. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

32. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

33. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

34. On June 9, 2020, at 21:22, Defendant, Women's Health noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

35. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

36. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

37. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

38. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan was seen by Defendants at bedside after Danbury Hospital nurse called with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was

approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

39. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

40. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

41. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

42. On June 10, 2020, at 9:22am, Defendant, PWH requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

43. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

44. The respiratory therapy was not done.

45. Defendant, PWH did not order a chest x-ray or echocardiogram.

46. Neither a chest x-ray nor an echocardiogram were performed.

47. Defendant did not request a pulmonology consult.

48. Defendant did not request a cardiology consult.

49. Defendant did not request a thoracic surgery consult.

50. Defendant did not consult a radiologist.

51. Defendant proceeded with an elective induction of delivery for the baby.

52. Defendant attempted a vaginal delivery with vacuum.

53. The attempted vaginal delivery failed.

54. Defendant moved to a cesarian section to delivery the baby.

55. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

56. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

57. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

58. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

59. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

60. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

61. Delivery of the baby was elective and induced.

62. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

63. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, PWH and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

64. As a result of the carelessness and negligence of Defendant, PWH and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;

- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

65. Lisa Sullivan lost the opportunity to survive due to Defendant, PWH's negligence.

66. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

67. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

68. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

69. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

70. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, PWH's and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;

- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and

- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

71. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**TENTH COUNT (Women's Health USA, Inc. – Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Tenth Count.

7. Defendant, Women's Health USA, Inc. (hereafter WH USA), was a company doing business in the State of Connecticut.

8. At all times relevant herein, Defendant, WH USA was the parent of and controlled Defendant, Women's Health.

9. At all times mentioned herein, Defendant, WH USA operated a network of obstetrics and gynecology medical practice in Connecticut and other states that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

10. At all times mentioned herein, Defendant, WH USA had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD.

11. At all times mentioned herein, Defendant, WH USA, operated a network of obstetrics and gynecology medical practice in Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

12. At all times mentioned herein, Defendant, WH USA was d/b/a Candlewood Center for Women's Health.

13. At all times mentioned herein, Defendant, WH USA, operated a facility in Danbury, Connecticut and provided additional treatment at Danbury Hospital, including labor and delivery for its pregnant patients.

14. At all times mentioned herein, Defendant, WH USA, operated an obstetrics and gynecology medical practice in Danbury, Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

15. Commencing on October 23, 2019, and continuing through her death on June 15, 2020, Defendant, WH USA undertook the care, treat, monitoring, diagnosing and supervision of Lisa Sullivan.

13. At all times mentioned herein, Defendant, WH USA had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD involved in the care and treatment of Lisa Sullivan.

14. On October 23, 2019, Defendant, WH USA confirmed that Lisa Sullivan was pregnant.

15. On November 13, 2019, Defendant, WH USA documented that Lisa Sullivan reported she had been diagnosed with bronchitis and that she was taking the antibiotic, Azithromycin to treat it.

16. On January 29, 2020, Defendant, WH USA documented that Lisa Sullivan complained of shortness of breath, increased dyspnea on exertion, and cough that was worse at night. Defendant advised Lisa Sullivan to follow-up with her primary care physician for these complaints and that she might need an inhaler. It's also documented that Lisa Sullivan had begun taking another antibiotic, amoxicillin, on January 27, 2020.

17. On February 26, 2020, Defendant, WH USA documented that Lisa Sullivan had a cough; was taking Robitussin, Pepcid and Symbicort; and was seeing a pulmonary physician. It's also documented that Lisa Sullivan had begun albuterol and prednisone on February 11, 2020.

18. On March 25, 2020, Defendant, WH USA documented that Lisa Sullivan had asthma and was taking Flovent. Defendant noted that Flovent had started on March 11, 2020.

19. On April 9, 2020, Defendant, WH USA documented that Lisa Sullivan was taking prednisone for an asthma flare-up and had a consult with her pulmonologist for it. A plan was made for an elective induction for 39-40 weeks into the pregnancy. Defendant also

noted that Lisa Sullivan had started another prescription for Symbicort on April 6, 2020; Prednisone on April 6, 2020; and prednisolone on April 7, 2020.

20. On May 4, 2020, Defendant, WH USA documented that Lisa Sullivan was on Pepcid, Asmanex, albuterol and Nexium; that her asthma has gotten worse; that she was treating with a pulmonologist. Defendant planned to do weekly non-stress test (NST) due to the asthma. Defendant, PWH also noted that Lisa Sullivan had started another prescription for prednisolone on April 11, 2020.

21. On May 11, 2020, Defendant, WH USA documented that Lisa Sullivan's asthma was "fair controlled" and that she would see her pulmonologist the next day. It's also noted that Lisa Sullivan had started another prescription for Symbicort on May 4, 2020.

22. On May 13, 2020, Defendant, WH USA documented that it had obtained and scanned into their chart of the pulmonology records for Lisa Sullivan. These records show that Lisa Sullivan had chest tightness, chest congestion, shortness of breath, dyspnea, daytime fatigue, persistent wheezing, cough, and hoarseness; and that despite the medications the asthma was poorly controlled. It's also noted that Lisa is unable to sleep flat and feels pills get stuck in her throat. The May 12, 2020, note specifically documents that Lisa Sullivan needs imaging, biologics/add on therapy and formal GI evaluation.

23. On May 21, 2020, Defendant, WH USA documented that it scheduled Lisa Sullivan's planned induction of labor for June 15, 2020.

24. On May 22, 2020, Defendant, WH USA documented that it changed the date for Lisa Sullivan's planned induction of labor to June 9, 2020.

25. On May 26, 2020, Defendant, WH USA documented that Lisa Sullivan had right sided pain and headaches that were not relieved with Tylenol.

26. On May 28, 2020, Defendant, WH USA documented that Lisa Sullivan was finishing another course of prednisone for asthma and that she had a negative COVID test as part of a work-up for her pulmonary issues. It's also documented that Lisa Sullivan had started additional prednisolone on May 15, 2020.

27. On June 5, 2020, Defendant, WH USA documented that Lisa Sullivan's asthma was really bad that day and that she was having a hard time breathing. Lisa Sullivan was unable to lay down for the NST test. Lisa Sullivan had to sit up for the NST test. Her pulse was 112 beats per minute and her O2 saturation was only 96%. During the NST its documented that Lisa Sullivan was wheezing and short of breath and stated her asthma was acting up. The BPP also fell to 8/10 from its previous 10/10 scores. Defendant also documented that Lisa Sullivan had started a new prescription for Flovent on June 1, 2020; Albuterol on May 30, 2020; and Symbicort on May 30, 2020.

28. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, WH USA.

29. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

30. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

31. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

32. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

33. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

34. On June 9, 2020, at 21:22, Defendant, Women's Health noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

35. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

36. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

37. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

38. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan was seen by Defendant at bedside after Danbury Hospital nurse called with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

39. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

40. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

41. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

42. On June 10, 2020, at 9:22am, Defendant, WH USA requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

43. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

44. The respiratory therapy was not done.

45. Defendant, WH USA did not order a chest x-ray or echocardiogram.

46. Neither a chest x-ray nor an echocardiogram were performed.

47. Defendant did not request a pulmonology consult.

48. Defendant did not request a cardiology consult.

49. Defendant did not request a thoracic surgery consult.

50. Defendant did not consult a radiologist.

51. Defendant proceeded with an elective induction of delivery for the baby.

52. Defendant attempted a vaginal delivery with vacuum.

53. The attempted vaginal delivery failed.

54. Defendant moved to a cesarian section to delivery the baby.

55. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

56. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

57. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

58. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

59. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

60. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

61. Delivery of the baby was elective and induced.

62. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

63. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, PWH and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

64. As a result of the carelessness and negligence of Defendant, WH USA and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

65. Lisa Sullivan lost the opportunity to survive due to Defendant, WH USA' negligence.

66. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

67. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

68. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

69. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

70. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, WH USA, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;

- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard

to treatment and care of patients who have signs and/or symptoms of cardiological distress.

71. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**ELEVENTH COUNT (Jorge Luis Casquero Leon, MD - Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Eleventh Count.

7. Defendant, Jorge Luis Casquero Leon, MD; was a physician board certified in obstetrics and gynecology.

8. At all times mentioned herein, Defendant, Jorge Luis Casquero Leon, MD; was d/b/a Candlewood Center for Women's Health.

9. At all times mentioned herein, Defendant, Jorge Luis Casquero Leon, MD operated a facility in Danbury, Connecticut and provided additional treatment at Danbury Hospital, including labor and delivery for its pregnant patients.

10. At all times mentioned herein, Defendant, Jorge Luis Casquero Leon, MD operated an obstetrics and gynecology medical practice in Danbury, Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

11. Commencing on October 23, 2019, and continuing through her death on June 15, 2020, Defendant, Jorge Luis Casquero Leon, MD undertook the care, treat, monitoring, diagnosing and supervision of Lisa Sullivan.

12. On October 23, 2019, Defendant, Jorge Luis Casquero Leon, MD; confirmed that Lisa Sullivan was pregnant.

13. On November 13, 2019, Defendant, Jorge Luis Casquero Leon, MD; documented that Lisa Sullivan reported she had been diagnosed with bronchitis and that she was taking the antibiotic, Azithromycin to treat it.

14. On January 29, 2020, Defendant, Jorge Luis Casquero Leon, MD; documented that Lisa Sullivan complained of shortness of breath, increased dyspnea on exertion, and cough that was worse at night. Defendant advised Lisa Sullivan to follow-up with her primary care physician for these complaints and that she might need an inhaler. It's also documented that Lisa Sullivan had begun taking another antibiotic, amoxicillin, on January 27, 2020.

15. On February 26, 2020, Defendant, Jorge Luis Casquero Leon, MD; documented that Lisa Sullivan had a cough; was taking Robitussin, Pepcid and Symbicort; and was seeing a pulmonary physician. It's also documented that Lisa Sullivan had begun albuterol and prednisone on February 11, 2020.

16. On March 25, 2020, Defendant, Jorge Luis Casquero Leon, MD documented that Lisa Sullivan had asthma and was taking Flovent. Defendant noted that Flovent had started on March 11, 2020.

17. On April 9, 2020, Defendant, Jorge Luis Casquero Leon, MD documented that Lisa Sullivan was taking prednisone for an asthma flair-up and had a consult with her pulmonologist for it. A plan was made for an elective induction for 39-40 weeks into the pregnancy. Defendant also noted that Lisa Sullivan had started another prescription for Symbicort on April 6, 2020; Prednisone on April 6, 2020; and prednisolone on April 7, 2020.

18. On May 4, 2020, Defendant, Jorge Luis Casquero Leon, MD documented that Lisa Sullivan was on Pepcid, Asmanex, albuterol and Nexium; that her asthma has gotten worse; that she was treating with a pulmonologist. Defendant planned to do weekly non-stress test (NST) due to the asthma. Defendant, Jorge Luis Casquero Leon, MD also noted that Lisa Sullivan had started another prescription for prednisolone on April 11, 2020.

19. On May 11, 2020, Defendant, Jorge Luis Casquero Leon, MD documented that Lisa Sullivan's asthma was "fair controlled" and that she would see her pulmonologist the next day. It's also noted that Lisa Sullivan had started another prescription for Symbicort on May 4, 2020.

20. On May 13, 2020, Defendant, Jorge Luis Casquero Leon, MD documented that it had obtained and scanned into their chart of the pulmonology records for Lisa Sullivan. These records show that Lisa Sullivan had chest tightness, chest congestion, shortness of breath, dyspnea, daytime fatigue, persistent wheezing, cough, and hoarseness; and that despite the medications the asthma was poorly controlled. It's also noted that Lisa is unable to sleep flat and feels pills get stuck in her throat. The May 12, 2020, note

specifically documents that Lisa Sullivan needs imaging, biologics/add on therapy and formal GI evaluation.

21. On May 21, 2020, Defendant, Jorge Luis Casquero Leon, MD documented that it scheduled Lisa Sullivan's planned induction of labor for June 15, 2020.

22. On May 22, 2020, Defendant, Jorge Luis Casquero Leon, MD; documented that it changed the date for Lisa Sullivan's planned induction of labor to June 9, 2020.

23. On May 26, 2020, Defendant, Jorge Luis Casquero Leon, MD; documented that Lisa Sullivan had right sided pain and headaches that were not relieved with Tylenol.

24. On May 28, 2020, Defendant, Jorge Luis Casquero Leon, MD; documented that Lisa Sullivan was finishing another course of prednisone for asthma and that she had a negative COVID test as part of a work-up for her pulmonary issues. It's also documented that Lisa Sullivan had started additional prednisolone on May 15, 2020.

25. On June 5, 2020, Defendant, Jorge Luis Casquero Leon, MD; documented that Lisa Sullivan's asthma was really bad that day and that she was having a hard time breathing. Lisa Sullivan was unable to lay down for the NST test. Lisa Sullivan had to sit up for the NST test. Her pulse was 112 beats per minute and her O2 saturation was only 96%. During the NST its documented that Lisa Sullivan was wheezing and short of breath and stated her asthma was acting up. The BPP also fell to 8/10 from its previous 10/10 scores. Defendant also documented that Lisa Sullivan had started a new prescription for Flovent on June 1, 2020; Albuterol on May 30, 2020; and Symbicort on May 30, 2020.

26. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, Jorge Luis Casquero Leon, MD.

27. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

28. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

29. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

30. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

31. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

32. On June 9, 2020, at 21:22, Defendant, Jorge Luis Casquero Leon, MD; noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

33. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

34. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

35. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

36. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan was seen by Defendant at bedside after Danbury Hospital nurse called with concerns regarding Lisa Sullivan's

shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

37. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

38. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

39. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

40. On June 10, 2020, at 9:22am, Defendant, Jorge Luis Casquero Leon, MD; requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

41. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

42. The respiratory therapy was not done.

43. Defendant, Jorge Luis Casquero Leon, MD; did not order a chest x-ray or echocardiogram.

44. Neither a chest x-ray nor an echocardiogram were performed.

45. Defendant did not request a pulmonology consult.

46. Defendant did not request a cardiology consult.

47. Defendant did not request a thoracic surgery consult.

48. Defendant did not consult a radiologist.

49. Defendant proceeded with an elective induction of delivery for the baby.

50. Defendant attempted a vaginal delivery with vacuum.

51. The attempted vaginal delivery failed.

52. Defendant moved to a cesarian section to delivery the baby.

53. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

54. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

55. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

56. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

57. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

58. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

59. Delivery of the baby was elective and induced.

60. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

61. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Jorge Luis Casquero Leon, MD; and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

62. As a result of the carelessness and negligence of Defendant, Jorge Luis Casquero Leon, MD; and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;

- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

63. Lisa Sullivan lost the opportunity to survive due to Defendant, Jorge Luis Casquero Leon, MD, negligence.

64. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

65. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

66. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

67. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

68. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Jorge Luis Casquero Leon, MD, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;

- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

69. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**TWELFTH COUNT (Gene Freylikhman, MD - Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Twelfth Count.

7. Defendant, Gene Freylikhman, MD, was a physician board certified in obstetrics and gynecology.

8. At all times mentioned herein, Defendant, Gene Freylikhman, MD; was d/b/a Candlewood Center for Women's Health.

9. At all times mentioned herein, Defendant, Gene Freylikhman, MD, operated a facility in Danbury, Connecticut and provided additional treatment at Danbury Hospital, including labor and delivery for its pregnant patients.

10. At all times mentioned herein, Defendant, Gene Freylikhman, MD, operated an obstetrics and gynecology medical practice in Danbury, Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

11. Commencing on October 23, 2019, and continuing through her death on June 15, 2020, Defendant, Andrea Barry, MD; undertook the care, treat, monitoring, diagnosing and supervision of Lisa Sullivan.

12. On October 23, 2019, Defendant, Gene Freylikhman, MD; confirmed that Lisa Sullivan was pregnant.

13. On November 13, 2019, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan reported she had been diagnosed with bronchitis and that she was taking the antibiotic, Azithromycin to treat it.

14. On January 29, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan complained of shortness of breath, increased dyspnea on exertion, and cough that was worse at night. Defendant advised Lisa Sullivan to follow-up with her primary care physician for these complaints and that she might need an inhaler. It's also documented that Lisa Sullivan had begun taking another antibiotic, amoxicillin, on January 27, 2020.

15. On February 26, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan had a cough; was taking Robitussin, Pepcid and Symbicort; and was seeing a pulmonary physician. It's also documented that Lisa Sullivan had begun albuterol and prednisone on February 11, 2020.

16. On March 25, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan had asthma and was taking Flovent. Defendant noted that Flovent had started on March 11, 2020.

17. On April 9, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan was taking prednisone for an asthma flair-up and had a consult with her pulmonologist for it. A plan was made for an elective induction for 39-40 weeks into the pregnancy. Defendant also noted that Lisa Sullivan had started another prescription for Symbicort on April 6, 2020; Prednisone on April 6, 2020; and prednisolone on April 7, 2020.

18. On May 4, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan was on Pepcid, Asmanex, albuterol and Nexium; that her asthma has gotten worse; that she was treating with a pulmonologist. Defendant planned to do weekly non-stress test (NST) due to the asthma. Defendant, Gene Freylikhman, MD also noted that Lisa Sullivan had started another prescription for prednisolone on April 11, 2020.

19. On May 11, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan's asthma was "fair controlled" and that she would see her pulmonologist the next day. It's also noted that Lisa Sullivan had started another prescription for Symbicort on May 4, 2020.

20. On May 13, 2020, Defendant, Gene Freylikhman, MD; documented that it had obtained and scanned into their chart of the pulmonology records for Lisa Sullivan. These records show that Lisa Sullivan had chest tightness, chest congestion, shortness of breath, dyspnea, daytime fatigue, persistent wheezing, cough, and hoarseness; and that despite the medications the asthma was poorly controlled. It's also noted that Lisa is unable to sleep flat and feels pills get stuck in her throat. The May 12, 2020, note specifically documents that Lisa Sullivan needs imaging, biologics/add on therapy and formal GI evaluation.

21. On May 21, 2020, Defendant, Gene Freylikhman, MD; documented that it scheduled Lisa Sullivan's planned induction of labor for June 15, 2020.

22. On May 22, 2020, Defendant, Gene Freylikhman, MD; documented that it changed the date for Lisa Sullivan's planned induction of labor to June 9, 2020.

23. On May 26, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan had right sided pain and headaches that were not relieved with Tylenol.

24. On May 28, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan was finishing another course of prednisone for asthma and that she had a negative COVID test as part of a work-up for her pulmonary issues. It's also documented that Lisa Sullivan had started additional prednisolone on May 15, 2020.

25. On June 5, 2020, Defendant, Gene Freylikhman, MD; documented that Lisa Sullivan's asthma was really bad that day and that she was having a hard time breathing. Lisa Sullivan was unable to lay down for the NST test. Lisa Sullivan had to sit up for the NST test. Her pulse was 112 beats per minute and her O2 saturation was

only 96%. During the NST its documented that Lisa Sullivan was wheezing and short of breath and stated her asthma was acting up. The BPP also fell to 8/10 from its previous 10/10 scores. Defendant also documented that Lisa Sullivan had started a new prescription for Flovent on June 1, 2020; Albuterol on May 30, 2020; and Symbicort on May 30, 2020.

26. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, Gene Freylikhman, MD.

27. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

28. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

29. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

30. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

31. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

32. On June 9, 2020, at 21:22, Defendant, Gene Freylikhman, MD; noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

33. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

34. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

35. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

36. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan was seen by Defendant at bedside after Danbury Hospital nurse called with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

37. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

38. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

39. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

40. On June 10, 2020, at 9:22am, Defendant, Gene Freylikhman, MD; requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

41. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic

tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

42. The respiratory therapy was not done.

43. Defendant, Gene Freylikhman, MD; did not order a chest x-ray or echocardiogram.

44. Neither a chest x-ray nor an echocardiogram were performed.

45. Defendant did not request a pulmonology consult.

46. Defendant did not request a cardiology consult.

47. Defendant did not request a thoracic surgery consult.

48. Defendant did not consult a radiologist.

49. Defendant proceeded with an elective induction of delivery for the baby.

50. Defendant attempted a vaginal delivery with vacuum.

51. The attempted vaginal delivery failed.

52. Defendant moved to a cesarian section to delivery the baby.

53. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

54. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

55. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

56. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

57. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

58. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

59. Delivery of the baby was elective and induced.

60. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

61. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Gene Freylikhman, MD; and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

62. As a result of the carelessness and negligence of Defendant, Gene Freylikhman, MD; and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;

- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

63. Lisa Sullivan lost the opportunity to survive due to Defendant, Gene Freylikhman, MD, negligence.

64. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

65. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

66. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

67. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

68. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Gene Freylikhman, MD, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;

- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

69. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**THIRTEENTH COUNT (Andrea Barry, MD - Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Thirteenth Count.

7. Defendant, Andrea Barry, MD; was a physician board certified in obstetrics and gynecology.

8. At all times mentioned herein, Defendant, Andrea Barry, MD; was d/b/a Candlewood Center for Women's Health.

9. At all times mentioned herein, Defendant, Andrea Barry, MD, operated a facility in Danbury, Connecticut and provided additional treatment at Danbury Hospital, including labor and delivery for its pregnant patients.

10. At all times mentioned herein, Defendant, Andrea Barry, MD, operated an obstetrics and gynecology medical practice in Danbury, Connecticut that provided obstetricians, nurses, physician's assistants, technicians, technologist, and other health care professionals to the public at its offices and within hospitals, which included Lisa Sullivan.

11. Commencing on October 23, 2019, and continuing through her death on June 15, 2020, Defendant, Andrea Barry, MD; undertook the care, treat, monitoring, diagnosing and supervision of Lisa Sullivan.

12. On October 23, 2019, Defendant, Andrea Barry, MD; confirmed that Lisa Sullivan was pregnant.

13. On November 13, 2019, Defendant, Andrea Barry, MD; documented that Lisa Sullivan reported she had been diagnosed with bronchitis and that she was taking the antibiotic, Azithromycin to treat it.

14. On January 29, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan complained of shortness of breath, increased dyspnea on exertion, and cough that was worse at night. Defendant advised Lisa Sullivan to follow-up with her primary care physician for these complaints and that she might need an inhaler. It's also documented that Lisa Sullivan had begun taking another antibiotic, amoxicillin, on January 27, 2020.

15. On February 26, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan had a cough; was taking Robitussin, Pepcid and Symbicort; and was seeing a pulmonary physician. It's also documented that Lisa Sullivan had begun albuterol and prednisone on February 11, 2020.

16. On March 25, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan had asthma and was taking Flovent. Defendant noted that Flovent had started on March 11, 2020.

17. On April 9, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan was taking prednisone for an asthma flare-up and had a consult with her pulmonologist for it. A plan was made for an elective induction for 39-40 weeks into the pregnancy. Defendant also noted that Lisa Sullivan had started another prescription for Symbicort on April 6, 2020; Prednisone on April 6, 2020; and prednisolone on April 7, 2020.

18. On May 4, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan was on Pepcid, Asmanex, albuterol and Nexium; that her asthma has gotten worse; that she was treating with a pulmonologist. Defendant planned to do weekly non-stress test

(NST) due to the asthma. Defendant, Andrea Barry, MD; also noted that Lisa Sullivan had started another prescription for prednisolone on April 11, 2020.

19. On May 11, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan's asthma was "fair controlled" and that she would see her pulmonologist the next day. It's also noted that Lisa Sullivan had started another prescription for Symbicort on May 4, 2020.

20. On May 13, 2020, Defendant, Andrea Barry, MD; documented that it had obtained and scanned into their chart of the pulmonology records for Lisa Sullivan. These records show that Lisa Sullivan had chest tightness, chest congestion, shortness of breath, dyspnea, daytime fatigue, persistent wheezing, cough, and hoarseness; and that despite the medications the asthma was poorly controlled. It's also noted that Lisa is unable to sleep flat and feels pills get stuck in her throat. The May 12, 2020, note specifically documents that Lisa Sullivan needs imaging, biologics/add on therapy and formal GI evaluation.

21. On May 21, 2020, Defendant, Andrea Barry, MD; documented that it scheduled Lisa Sullivan's planned induction of labor for June 15, 2020.

22. On May 22, 2020, Defendant, Andrea Barry, MD; documented that it changed the date for Lisa Sullivan's planned induction of labor to June 9, 2020.

23. On May 26, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan had right sided pain and headaches that were not relieved with Tylenol.

24. On May 28, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan was finishing another course of prednisone for asthma and that she had a negative

COVID test as part of a work-up for her pulmonary issues. It's also documented that Lisa Sullivan had started additional prednisolone on May 15, 2020.

25. On June 5, 2020, Defendant, Andrea Barry, MD; documented that Lisa Sullivan's asthma was really bad that day and that she was having a hard time breathing. Lisa Sullivan was unable to lay down for the NST test. Lisa Sullivan had to sit up for the NST test. Her pulse was 112 beats per minute and her O2 saturation was only 96%. During the NST its documented that Lisa Sullivan was wheezing and short of breath and stated her asthma was acting up. The BPP also fell to 8/10 from its previous 10/10 scores. Defendant also documented that Lisa Sullivan had started a new prescription for Flovent on June 1, 2020; Albuterol on May 30, 2020; and Symbicort on May 30, 2020.

26. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, Andrea Barry, MD.

27. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

28. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

29. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

30. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

31. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

32. On June 9, 2020, at 21:22, Defendant, Andrea Barry, MD; noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

33. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

34. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

35. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

36. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan was seen by Defendant at bedside after Danbury Hospital nurse called with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

37. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

38. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

39. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

40. On June 10, 2020, at 9:22am, Defendant, Andrea Barry, MD; requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

41. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

42. The respiratory therapy was not done.

43. Defendant, Andrea Barry, MD; did not order a chest x-ray or echocardiogram.

44. Neither a chest x-ray nor an echocardiogram were performed.

45. Defendant did not request a pulmonology consult.

46. Defendant did not request a cardiology consult.

47. Defendant did not request a thoracic surgery consult.

48. Defendant did not consult a radiologist.

49. Defendant proceeded with an elective induction of delivery for the baby.

50. Defendant attempted a vaginal delivery with vacuum.

51. The attempted vaginal delivery failed.

52. Defendant moved to a cesarian section to deliver the baby.

53. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

54. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

55. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

56. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

57. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

58. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

59. Delivery of the baby was elective and induced.

60. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

61. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Andrea Barry, MD; and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

62. As a result of the carelessness and negligence of Defendant, Andrea Barry, MD; and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

63. Lisa Sullivan lost the opportunity to survive due to Defendant, Andrea Barry, MD, negligence.

64. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

65. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

66. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

67. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

68. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Andrea Barry, MD, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;

- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

69. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**FOURTEENTH COUNT (Nuvance Health, Inc. – Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Fourteenth Count.

7. Defendant, Nuvance Health Inc. (hereafter Nuvance), was a company doing business in the State of Connecticut and does business as Danbury Hospital.

8. At all times mentioned herein, Defendant, Nuvance, operated a hospital known as Danbury Hospital that provided labor and delivery, obstetrics and gynecology, internal medicine, emergency medicine, pulmonology, critical care, anesthesiology, thoracic surgery, oncology, radiology and other medical services to the public, which included Lisa Sullivan.

9. Defendant, Nuvance provided the aforementioned services to the public through its servants, agents, apparent agents, and/or employees, which included physicians, nurses, physician's assistants, technicians, technologists, and other health care professionals.

10. At all times mentioned herein, Danbury Hospital was a designated and verified level II trauma center.

11. At all times mentioned herein, Danbury Hospital was an accredited center for radiation oncology accreditation by the American College of Radiology.

12. At all times mentioned herein, Danbury Hospital was a Praxair cancer center commission on cancer accreditation by the American College of Surgeons.

13. At all times mentioned herein, Defendant, Nuvance operated a network of physicians and medical practices and had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD.

14. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, Nuvance.

15. At all times relevant herein, Defendant, Nuvance had or had access to Lisa Sullivan's prior obstetric records.

16. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

17. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

18. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

19. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

20. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

21. On June 9, 2020, at 21:22, Danbury Hospital noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

22. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

23. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

24. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

25. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan a nurse called the physicians with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

26. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

27. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

28. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

29. On June 10, 2020, at 9:22am, Defendant, Nuvance requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

30. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

31. The respiratory therapy was not done.

32. Defendant, Nuvance did not order a chest x-ray or echocardiogram.

33. Neither a chest x-ray nor an echocardiogram were performed.

34. Defendant did not request a pulmonology consult.

35. Defendant did not request a cardiology consult.

36. Defendant did not request a thoracic surgery consult.

37. Defendant did not consult a radiologist.

38. Defendant proceeded with an elective induction of delivery for the baby.

39. Defendant attempted a vaginal delivery with vacuum.

40. The attempted vaginal delivery failed.

41. Defendant moved to a cesarian section to deliver the baby.

42. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

43. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

44. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

45. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

46. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

47. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

48. Delivery of the baby was elective and induced.

49. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

50. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Nuvance and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

51. As a result of the carelessness and negligence of Defendant, Nuvance and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;

- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

52. Lisa Sullivan lost the opportunity to survive due to Defendant, Nuvance's negligence.

53. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

54. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

55. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

56. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

57. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Nuvance, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;

- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

58. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**FIFTEENTH COUNT (Nuvance Health Medical Practice CT, Inc. – Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Fifteenth Count.

7. Defendant, Nuvance Health Medical Practice CT, Inc. (hereafter Nuvance HMP CT), was a company doing business in the State of Connecticut.

8. At all times mentioned herein, Defendant, Nuvance HMP CT provided the medical services at a hospital known as Danbury Hospital that provided labor and delivery, obstetrics and gynecology, internal medicine, emergency medicine, pulmonology, critical care, anesthesiology, thoracic surgery, oncology, radiology and other medical services to the public, which included Lisa Sullivan.

9. Defendant, Nuvance HMP CT provided the aforementioned services to the public through its servants, agents, apparent agents, and/or employees, which included physicians, nurses, physician's assistants, technicians, technologists, and other health care professionals.

10. At all times mentioned herein, Defendant, Nuvance HMP CT operated a network of physicians and medical practices and had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD.

11. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, Nuvance HMP CT.

12. At all times relevant herein, Defendant, Nuvance HMP CT had or had access to Lisa Sullivan's prior obstetric records.

13. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

14. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

15. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

16. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

17. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

18. On June 9, 2020, at 21:22, Danbury Hospital noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

19. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

20. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

21. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

22. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan a nurse called the physicians with concerns regarding Lisa Sullivan's shortness of breath. Defendant

noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

23. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

24. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

25. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

26. On June 10, 2020, at 9:22am, Defendant, Nuvance HMP CT requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

27. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

28. The respiratory therapy was not done.

29. Defendant, Nuvance HMP CT did not order a chest x-ray or echocardiogram.

30. Neither a chest x-ray nor an echocardiogram were performed.

31. Defendant did not request a pulmonology consult.

32. Defendant did not request a cardiology consult.

33. Defendant did not request a thoracic surgery consult.

34. Defendant did not consult a radiologist.

35. Defendant proceeded with an elective induction of delivery for the baby.

36. Defendant attempted a vaginal delivery with vacuum.

37. The attempted vaginal delivery failed.

38. Defendant moved to a cesarian section to deliver the baby.

39. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

40. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

41. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

42. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

43. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

44. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

45. Delivery of the baby was elective and induced.

46. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

47. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Nuvance HMP CT and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

48. As a result of the carelessness and negligence of Defendant, Nuvance HMP CT and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;

- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

49. Lisa Sullivan lost the opportunity to survive due to Defendant, Nuvance HMP CT's negligence.

50. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

51. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

52. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

53. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

54. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Nuvance HMP CT, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;

- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;
- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;

- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

55. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**SIXTEENTH COUNT (Nuvance Health Medical Practice, P.C.– Malpractice)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Sixteenth Count.

7. Defendant, Nuvance Health Medical Practice P.C. (hereafter Nuvance HMP), was a company doing business in the State of Connecticut.

8. At all times mentioned herein, Defendant, Nuvance HMP provided the medical services at a hospital known as Danbury Hospital that provided labor and delivery, obstetrics and gynecology, internal medicine, emergency medicine, pulmonology, critical care, anesthesiology, thoracic surgery, oncology, radiology and other medical services to the public, which included Lisa Sullivan.

9. Defendant, Nuvance HMP provided the aforementioned services to the public through its servants, agents, apparent agents, and/or employees, which included physicians, nurses, physician's assistants, technicians, technologists, and other health care professionals.

10. At all times mentioned herein, Defendant, Nuvance HMP operated a network of physicians and medical practices and had multiple physicians board certified in obstetrics and gynecology as its servants, agents, apparent agents and/or employees, including Andrea Barry, MD; Gene Freylikhman, MD and Jorge Luis Casquero Leon, MD.

11. On June 9, 2020, Lisa Sullivan arrived for her planned induction at Danbury Hospital by Defendant, Nuvance HMP.

12. At all times relevant herein, Defendant, Nuvance HMP had or had access to Lisa Sullivan's prior obstetric records.

13. Danbury Hospital noted that Lisa Sullivan developed respiratory symptoms 6-7 months ago, was evaluated by a pulmonologist, had no history of pulmonary or cardiac disease, had been diagnosed with asthma and treated with bronchodilators and inhaled corticosteroids. Symptoms progressed in severity that evolved into dyspnea on exertion with associated wheezing, orthopnea and chest tightness.

14. Upon admission to Danbury Hospital on June 9, 2020, and continuing thereafter, Lisa Sullivan presented multiple concerning vital signs.

15. On June 9, 2020, at 23:45, Lisa Sullivan had a blood pressure reading of 86/57.

16. On June 9, 2020, at 17:52, Lisa Sullivan's SpO2 percentage was 91 and her respiratory rate was 24 breathes per minute.

17. On June 9, 2020, at 18:09, Lisa Sullivan's SpO2 percentage was 94.

18. On June 9, 2020, at 21:22, Danbury Hospital noted that Lisa Sullivan had to sit upright to manage her shortness of breath.

19. On June 10, 2020, at 2:30 and 2:45, Lisa Sullivan's SpO2 percentage was 84.

20. On June 10, 2020, by 3:02, Lisa Sullivan had been placed on oxygen via nasal cannula, delivering 3 liters per minute.

21. On June 10, 2020, at 3:02, Lisa Sullivan was taking 24 breathes per minute.

22. On June 10, 2020, at 4:52 and/or 6:14, Lisa Sullivan a nurse called the physicians with concerns regarding Lisa Sullivan's shortness of breath. Defendant noted that Lisa Sullivan's SpO2 saturation was approximately 98% on 5 liters of oxygen per minute via nasal cannula with use of an Albuterol inhaler.

23. On June 10, 2020, at 5:25, Lisa Sullivan's SpO2 percentage was 96 on 3 liters of oxygen via nasal cannula.

24. On June 10, 2020, at 6:35, Lisa Sullivan's SpO2 percentage was 95 on 3 liters of oxygen via nasal cannula.

25. On June 10, 2020, at 7:10, the next blood pressure reading, Lisa Sullivan was 142/66.

26. On June 10, 2020, at 9:22am, Defendant, Nuvance HMP requested an internal medicine consult and respiratory therapy for Lisa Sullivan due to her constellation of

symptoms and worsening shortness of breath. Defendant specifically raised concern that Lisa Sullivan's symptoms could get worse at the time of delivery.

27. On June 10, 2020, at 10:38, the internal medicine consult was completed. It raised concern that the symptoms could be pulmonary, cardiac, or from an intrathoracic tumor or hiatal hernia. A small nontender lump was noted of the right upper chest wall. This consult recommended a chest x-ray and echocardiogram.

28. The respiratory therapy was not done.

29. Defendant, Nuvance HMP did not order a chest x-ray or echocardiogram.

30. Neither a chest x-ray nor an echocardiogram were performed.

31. Defendant did not request a pulmonology consult.

32. Defendant did not request a cardiology consult.

33. Defendant did not request a thoracic surgery consult.

34. Defendant did not consult a radiologist.

35. Defendant proceeded with an elective induction of delivery for the baby.

36. Defendant attempted a vaginal delivery with vacuum.

37. The attempted vaginal delivery failed.

38. Defendant moved to a cesarian section to deliver the baby.

39. On June 10, 2020, Lisa Sullivan delivered her baby via cesarian section.

40. Following delivery via cesarian section, Lisa Sullivan suffered cardiopulmonary decompensation and death.

41. Lisa Sullivan had an undiagnosed 15.5cm mediastinal large B-cell lymphoma which led to cardiopulmonary decompensation and death.

42. Had this mediastinal mass been diagnosed earlier, precautions would have been taken during delivery to make it more likely than not that Lisa Sullivan survived.

43. Had this mediastinal mass been diagnosed earlier, it's more likely than not the B-cell lymphoma would have responded to chemotherapy and Lisa Sullivan would have lived a full life.

44. This mediastinal mass would have been apparent on a standard chest x-ray for weeks if not months prior to June 10, 2020.

45. Delivery of the baby was elective and induced.

46. At all times, prior to the attempted vacuum delivery, there was an opportunity to perform a chest x-ray.

47. While under the care, treatment, monitoring, diagnosing and supervision of Defendant, Nuvance HMP and/or its servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered severe, serious, painful and permanent injuries as set forth herein.

48. As a result of the carelessness and negligence of Defendant, Nuvance HMP and/or their servants, agents, apparent agents, and/or employees, Lisa Sullivan suffered the following severe, serious, painful and permanent injuries:

- a. Cardiopulmonary decompensation;
- b. Airway compression;
- c. Left sided pneumothorax;
- d. Acute hypoxemic respiratory failure;
- e. Severe anoxic encephalopathy;
- f. Cerebral edema;
- g. Diffuse loss of gray-white interface;
- h. Seizures;
- i. Tachycardia;
- j. Bradycardia;
- k. Pulseless electrical activity (PEA) arrest;
- l. Cardiac arrest;
- m. Diffuse regional cardiovascular dysfunction;
- n. Hypoxia;
- o. Obstructive shock;
- p. Acute renal failure;
- q. Emotional distress;
- r. Mental anguish;
- s. Pain and suffering; and
- t. Death.

49. Lisa Sullivan lost the opportunity to survive due to Defendant, Nuvance HMP's negligence.

50. As a result of the aforementioned injuries, Lisa Sullivan has been permanently deprived of her ability to carry on and enjoy life's activities.

51. As a result of the aforesaid injuries, Lisa Sullivan cannot earn wages and has no earning capacity.

52. As a result of the aforesaid injuries, Lisa Sullivan incurred expenses for medical care and treatment all to her financial loss.

53. As a result of the aforesaid Plaintiff incurred funeral and burial expenses on behalf of the plaintiff-decedent, Lisa Sullivan.

54. The said injuries and damages suffered by Lisa Sullivan, were caused as a result of the negligence and carelessness of Defendant, Nuvance HMP, and its servants, agents, apparent agents, and/or employees, in that they:

- a. Failed to take a standard, two view chest x-ray of Lisa Sullivan;
- b. Failed to delay the induction and delivery;
- c. Failed to order a pulmonology consult;
- d. Failed to consult a radiologist regarding the risks of a chest x-ray;
- e. Failed to order a chest x-ray when Lisa Sullivan presented with chest tightness;
- f. Failed to order a chest x-ray when Lisa Sullivan required at least 3 liters of oxygen per minute to maintain minimally acceptable SpO2 saturation;

- g. Failed to order any diagnostic tests when Lisa Sullivan was unable to undergo a NST without being in the sitting position;
- h. Failed to appropriately identify and treat Lisa Sullivan's symptoms;
- i. Failed to perform an ECG;
- j. Failed to perform any work-up for a potential cardiological cause of Lisa Sullivan's symptoms;
- k. Failed to follow-up with further testing or referrals after the COVID19 test came back negative;
- l. Failed to work-up symptoms so precautions could be taken so they would not get worse at time of delivery;
- m. Failed to perform any meaningful testing or work up for a patient presenting with multiple symptoms of potentially life threatening conditions;
- n. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of pulmonary distress; and
- o. Failed to promulgate, enforce, and/or follow rules, regulations, guidelines, protocols, and/or standards in regard to treatment and care of patients who have signs and/or symptoms of cardiological distress.

55. Opinion by a similar healthcare provider, in accordance with General Statutes §52-190a(a), is attached hereto as Exhibit E.

**SEVENTEENTH COUNT (Joint Venture / Partnership of Candlewood, Women's Health, PWH, WH USA, Casquero Leon, MD, Freylikhman, MD, Barry, MD; Nuvance Health, Inc., Nuvance MGP CT and Nuvance Health MPG)**

1-6. Plaintiff repeats and re-alleges paragraphs one through six of the First Count as if fully set forth herein as paragraphs one through six of this the Seventeenth Count.

7-68. Plaintiff repeats and re-alleges paragraphs 7 through 68 of the Seventh Count as if fully set forth herein as paragraphs 7 through 68 of this the Seventeenth Count.

69-133. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Eighth Count as if fully set forth herein as paragraphs 69 through 133 of this the Seventeenth Count.

134-198. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Ninth Count as if fully set forth herein as paragraphs 134 through 198 of this the Seventeenth Count.

199-263. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Tenth Count as if fully set forth herein as paragraphs 199 through 263 of this the Seventeenth Count.

264-326. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Eleventh Count as if fully set forth herein as paragraphs 264 through 326 of this the Seventeenth Count.

327-388. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Twelfth Count as if fully set forth herein as paragraphs 327 through 388 of this the Seventeenth Count.

389-451. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Thirteenth Count as if fully set forth herein as paragraphs 389 through 451 of this the Seventeenth Count.

452-503. Plaintiff repeats and re-alleges paragraphs 7 through 58 of the Fourteenth Count as if fully set forth herein as paragraphs 452 through 503 of this the Seventeenth Count.

504-552. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Fifteenth Count as if fully set forth herein as paragraphs 504 through 552 of this the Seventeenth Count.

553-601. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Sixteenth Count as if fully set forth herein as paragraphs 553 through 601 of this the Seventeenth Count.

602. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD;

Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. were engaged in a joint venture or partnership.

603. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. had an agreement to operate multiple interconnected medical facilities.

604. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. had an agreement to operate multiple interconnected medical facilities that would provide an all inclusive system from conception through delivery to the public.

605. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. had an agreement to refer patients back and forth between each other. They all maintain websites that are refer to each other's servants, agents, apparent agents and/or employees as if they were their own.

606. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; and Andrea Barry, MD would provide these pregnant women with medical services outside of the hospital and schedule them for and only provide deliveries at the hospital operated and staff by Defendants Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C.

607. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. each contributed property, finance, effort, skill and knowledge.

608. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. provided facilities, equipment, advertising, web pages and personnel.

609. Defendants, Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; and Andrea Barry, MD contributed their knowledge, skill and training in obstetrics and gynecology.

610. At all times relevant herein, Defendants, Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. provided a Danbury Hospital with its equipment and personnel.

611. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. engaged in these activities to get patients, collect and increase revenue, and generate a profit.

612. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. shared in the profits and losses of the enterprise.

613. At all times relevant herein, Defendants, Candlewood Center for Women's Health; Women's Health Connecticut, Inc.; Physicians for Womens Health, LLC; Women's Health USA, Inc.; Jorge Luis Casquero Leon, MD; Gene Freylikhman, MD; Andrea Barry, MD; Nuvance Health, Inc; Nuvance Health Medical Practice CT, Inc.; and Nuvance Health Medical Practice, P.C. each had control over the enterprise as well as their specific contributions thereto.

614. All services provided, or not provided, to Lisa Sullivan were done in the furtherance of this joint venture and/or partnership.

**EIGHTEENTH COUNT (Loss of Consortium - Andrew Sullivan)**

1-49. Plaintiff repeats and re-alleges paragraphs one through forty-nine of the First Count as if fully set forth herein as paragraphs one through forty-nine of this the Eighteenth Count.

50-94. Plaintiff repeats and re-alleges paragraphs seven through fifty-one of the Second Count as if fully set forth herein as paragraphs fifty through ninety-four of this the Eighteenth Count.

95-140. Plaintiff repeats and re-alleges paragraphs seven through fifty-two of the Third Count as if fully set forth herein as paragraphs 95 through 140 of this the Eighteenth Count.

141-186. Plaintiff repeats and re-alleges paragraphs 7 through 52 of the Fourth Count as if fully set forth herein as paragraphs 141 through 186 of this the Eighteenth Count.

187-228. Plaintiff repeats and re-alleges paragraphs seven through forty-eight of the Fifth Count as if fully set forth herein as paragraphs 187 through 228 of this the Eighteenth Count.

229-239. Plaintiff repeats and re-alleges paragraphs 229 through 239 of the Sixth Count as if fully set forth herein as paragraphs 229 through 239 of this the Eighteenth Count.

240-301. Plaintiff repeats and re-alleges paragraphs 7 through 68 of the Seventh Count as if fully set forth herein as paragraphs 240 through 301 of this the Eighteenth Count.

302-366. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Eighth Count as if fully set forth herein as paragraphs 302 through 366 of this the Eighteenth Count.

367-431. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Ninth Count as if fully set forth herein as paragraphs 367 through 431 of this the Eighteenth Count.

432-496. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Tenth Count as if fully set forth herein as paragraphs 432 through 496 of this the Eighteenth Count.

497-559. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Eleventh Count as if fully set forth herein as paragraphs 497 through 559 of this the Eighteenth Count.

560-662. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Twelfth Count as if fully set forth herein as paragraphs 560 through 662 of this the Eighteenth Count.

663-725. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Thirteenth Count as if fully set forth herein as paragraphs 663 through 725 of this the Eighteenth Count.

726-777. Plaintiff repeats and re-alleges paragraphs 7 through 58 of the Fourteenth Count as if fully set forth herein as paragraphs 726 through 777 of this the Eighteenth Count.

778-826. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Fifteenth Count as if fully set forth herein as paragraphs 778 through 826 of this the Eighteenth Count.

827-875. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Sixteenth Count as if fully set forth herein as paragraphs 827 through 875 of this the Eighteenth Count.

876-878. Plaintiff repeats and re-alleges paragraphs 602 through 614 of the Seventeenth Count as if full set forth herein as paragraphs 876 through 878 of this the Eighteenth Count.

879. At all times relevant herein, Plaintiff, Andrew Sullivan was the husband of Plaintiff-decedent, Lisa Sullivan and was entitled to her love, affection, society and services.

880. Plaintiff, Andrew Sullivan will continue to lose the companionship, care and affection of his wife as a result of the injuries and damages Plaintiff-decedent, Lisa Sullivan suffered as a consequence of the aforementioned negligence.

**NINTENTH COUNT (Loss of Consortium – Minor Caroline Sullivan)**

1-49. Plaintiff repeats and re-alleges paragraphs one through forty-nine of the First Count as if fully set forth herein as paragraphs one through forty-nine of this the Nineteenth Count.

50-94. Plaintiff repeats and re-alleges paragraphs seven through fifty-one of the Second Count as if fully set forth herein as paragraphs fifty through ninety-four of this the Nineteenth Count.

95-140. Plaintiff repeats and re-alleges paragraphs seven through fifty-two of the Third Count as if fully set forth herein as paragraphs 95 through 140 of this the Nineteenth Count.

141-186. Plaintiff repeats and re-alleges paragraphs 7 through 52 of the Fourth Count as if fully set forth herein as paragraphs 141 through 186 of this the Nineteenth Count.

187-228. Plaintiff repeats and re-alleges paragraphs seven through forty-eight of the Fifth Count as if fully set forth herein as paragraphs 187 through 228 of this the Nineteenth Count.

229-239. Plaintiff repeats and re-alleges paragraphs 229 through 239 of the Sixth Count as if fully set forth herein as paragraphs 229 through 239 of this the Nineteenth Count.

240-301. Plaintiff repeats and re-alleges paragraphs 7 through 68 of the Seventh Count as if fully set forth herein as paragraphs 240 through 301 of this the Nineteenth Count.

302-366. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Eighth Count as if fully set forth herein as paragraphs 302 through 366 of this the Nineteenth Count.

367-431. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Ninth Count as if fully set forth herein as paragraphs 367 through 431 of this the Nineteenth Count.

432-496. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Tenth Count as if fully set forth herein as paragraphs 432 through 496 of this the Nineteenth Count.

497-559. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Eleventh Count as if fully set forth herein as paragraphs 497 through 559 of this the Nineteenth Count.

560-662. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Twelfth Count as if fully set forth herein as paragraphs 560 through 662 of this the Nineteenth Count.

663-725. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Thirteenth Count as if fully set forth herein as paragraphs 663 through 725 of this the Nineteenth Count.

726-777. Plaintiff repeats and re-alleges paragraphs 7 through 58 of the Fourteenth Count as if fully set forth herein as paragraphs 726 through 777 of this the Nineteenth Count.

778-826. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Fifteenth Count as if fully set forth herein as paragraphs 778 through 826 of this the Nineteenth Count.

827-875. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Sixteenth Count as if fully set forth herein as paragraphs 827 through 875 of this the Nineteenth Count.

876-878. Plaintiff repeats and re-alleges paragraphs 602 through 614 of the Seventeenth Count as if full set forth herein as paragraphs 876 through 878 of this the Nineteenth Count.

879. Plaintiff, Andrew Sullivan, brings this action as PPA for the minor Caroline Sullivan.

880. At all times relevant herein, the minor plaintiff, Caroline Sullivan was the child of Lisa Sullivan and was entitled to her love, affection, society and services.

881. The minor plaintiff, Caroline Sullivan will continue to lose the companionship, care and affection of their mother as a result of the injuries and damages Plaintiff-decedent, Lisa Sullivan suffered as a consequence of the aforementioned negligence.

**NINETEENTH COUNT (Loss of Consortium – Dylan Sullivan)**

1-49. Plaintiff repeats and re-alleges paragraphs one through forty-nine of the First Count as if fully set forth herein as paragraphs one through forty-nine of this the Twentieth Count.

50-94. Plaintiff repeats and re-alleges paragraphs seven through fifty-one of the Second Count as if fully set forth herein as paragraphs fifty through ninety-four of this the Twentieth Count.

95-140. Plaintiff repeats and re-alleges paragraphs seven through fifty-two of the Third Count as if fully set forth herein as paragraphs 95 through 140 of this the Twentieth Count.

141-186. Plaintiff repeats and re-alleges paragraphs 7 through 52 of the Fourth Count as if fully set forth herein as paragraphs 141 through 186 of this the Twentieth Count.

187-228. Plaintiff repeats and re-alleges paragraphs seven through forty-eight of the Fifth Count as if fully set forth herein as paragraphs 187 through 228 of this the Twentieth Count.

229-239. Plaintiff repeats and re-alleges paragraphs 229 through 239 of the Sixth Count as if fully set forth herein as paragraphs 229 through 239 of this the Twentieth Count.

240-301. Plaintiff repeats and re-alleges paragraphs 7 through 68 of the Seventh Count as if fully set forth herein as paragraphs 240 through 301 of this the Twentieth Count.

302-366. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Eighth Count as if fully set forth herein as paragraphs 302 through 366 of this the Twentieth Count.

367-431. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Ninth Count as if fully set forth herein as paragraphs 367 through 431 of this the Twentieth Count.

432-496. Plaintiff repeats and re-alleges paragraphs 7 through 71 of the Tenth Count as if fully set forth herein as paragraphs 432 through 496 of this the Twentieth Count.

497-559. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Eleventh Count as if fully set forth herein as paragraphs 497 through 559 of this the Twentieth Count.

560-662. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Twelfth Count as if fully set forth herein as paragraphs 560 through 662 of this the Twentieth Count.

663-725. Plaintiff repeats and re-alleges paragraphs 7 through 69 of the Thirteenth Count as if fully set forth herein as paragraphs 663 through 725 of this the Twentieth Count.

726-777. Plaintiff repeats and re-alleges paragraphs 7 through 58 of the Fourteenth Count as if fully set forth herein as paragraphs 726 through 777 of this the Twentieth Count.

778-826. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Fifteenth Count as if fully set forth herein as paragraphs 778 through 826 of this the Twentieth Count.

827-875. Plaintiff repeats and re-alleges paragraphs 7 through 55 of the Sixteenth Count as if fully set forth herein as paragraphs 827 through 875 of this the Twentieth Count.

876-878. Plaintiff repeats and re-alleges paragraphs 602 through 614 of the Seventeenth Count as if full set forth herein as paragraphs 876 through 878 of this the Twentieth Count.

879. Plaintiff, Andrew Sullivan, brings this action as PPA for the minor Dylan Sullivan.

880. At all times relevant herein, the minor plaintiff, Dylan Sullivan was the child of Lisa Sullivan and was entitled to her love, affection, society and services.

881. The minor plaintiff, Dylan Sullivan will continue to lose the companionship, care and affection of their mother as a result of the injuries and damages Plaintiff-decedent, Lisa Sullivan suffered as a consequence of the aforementioned negligence.

WHEREFORE, the Plaintiffs claim the following:

1. Compensatory Damages;
2. Interest and Costs; and
3. All other additional relief this Court deems appropriate.

THE PLAINTIFFS

By: \_\_\_\_\_

  
Jeremy C. Virgil  
Zeldes, Needle & Cooper, P.C.  
1000 Lafayette Blvd


P.O. Box 1740  
Bridgeport, CT 06601-1740  
Email: [jvirgil@znclaw.com](mailto:jvirgil@znclaw.com)  
T: 203-333-9441  
Juris No.: 069695

RETURN DATE: OCTOBER 18, 2022	:	SUPERIOR COURT
ANDREW SULLIVAN ADMINSTRATOR:		
OF ESTATE OF LISA SULLIVAN;	:	JUDICIAL DISTRICT OF
ANDREW SULLIVAN; ANDREW	:	ANSONIA / MILFORD
SULLIVAN PPA CAROLINE	:	
SULLIVAN; and ANDREW SULLIVAN	:	
PPA DYLAN SULLIVAN	:	
V.	:	AT MILFORD
PHYSICIANONE URGENT CARE;	:	
URGENT CARE SOLUTIONS, LLC;	:	
ZUCYLA ENTERPRISES, LLC;	:	
WRK VENTURES, LLC;	:	
KEVIN WOOD, PA-C;	:	
CANDLEWOOD CENTER FOR	:	
WOMEN'S HEALTH; WOMEN'S	:	
HEALTH CONNECTICUT, INC.;	:	
PHYSICIANS FOR WOMENS HEALTH, :		
LLC; WOMEN'S HEALTH USA, INC.;	:	
JORGE LUIS CASQUERO LEON, MD;	:	
GENE FREYLIKHMAN, MD;	:	
ANDREA BARRY, MD; NUVANCE	:	
HEALTH, INC.; NUVANCE HEALTH	:	
MEDICAL PRACTICE CT, INC.; and	:	
NUVANCE HEALTH MEDICAL	:	
PRACTICE, P.C.	:	SEPTEMBER 6, 2022

**STATEMENT OF AMOUNT IN DEMAND**

The Plaintiffs claim damages that are greater than FIFTEEN THOUSAND and 00/100 DOLLARS (\$15,000), exclusive of interest and costs.

THE PLAINTIFFS

By:  \_\_\_\_\_

Jeremy C. Virgil  
Zeldes, Needle & Cooper, P.C.  
1000 Lafayette Blvd  
P.O. Box 1740  
Bridgeport, CT 06601-1740  
Email: [jvirgil@znclaw.com](mailto:jvirgil@znclaw.com)  
T: 203-333-9441  
Juris No.: 069695

RETURN DATE: OCTOBER 18, 2022 : SUPERIOR COURT  
 ANDREW SULLIVAN ADMINSTRATOR :  
 OF ESTATE OF LISA SULLIVAN; : JUDICIAL DISTRICT OF  
 ANDREW SULLIVAN; ANDREW : ANSONIA / MILFORD  
 SULLIVAN PPA CAROLINE :  
 SULLIVAN; and ANDREW SULLIVAN :  
 PPA DYLAN SULLIVAN :  
 V. : AT MILFORD  
 PHYSICIANONE URGENT CARE; :  
 URGENT CARE SOLUTIONS, LLC; :  
 ZUCYLA ENTERPRISES, LLC; :  
 WRK VENTURES, LLC; :  
 KEVIN WOOD, PA-C; :  
 CANDLEWOOD CENTER FOR :  
 WOMEN'S HEALTH; WOMEN'S :  
 HEALTH CONNECTICUT, INC.; :  
 PHYSICIANS FOR WOMENS HEALTH, :  
 LLC; WOMEN'S HEALTH USA, INC.; :  
 JORGE LUIS CASQUERO LEON, MD; :  
 GENE FREYLIKHMAN, MD; :  
 ANDREA BARRY, MD; NUVANCE :  
 HEALTH, INC.; NUVANCE HEALTH :  
 MEDICAL PRACTICE CT, INC.; and :  
 NUVANCE HEALTH MEDICAL :  
 PRACTICE, P.C. : SEPTEMBER 6, 2022

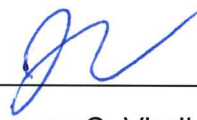
**CERTIFICATE OF GOOD FAITH**

I attest that this matter has been reviewed in accordance with the requirements  
 of C.G.S. §52-190a and that, after a reasonable inquiry as permitted by the

circumstances, there are grounds for a good faith belief that there was negligence in the care and/or treatment of the Plaintiff-decedent, Lisa Sullivan. I am in possession of written and signed opinions of similar health care providers, as defined in C.G.S. §52-184c. Properly redacted copies of such written opinions of the similar health care providers are attached to this complaint as Exhibits D and E.

THE PLAINTIFFS

By: \_\_\_\_\_

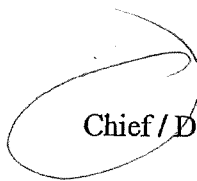



Jeremy C. Virgil  
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Bridgeport, CT 06601-1740  
Email: [jvirgil@znclaw.com](mailto:jvirgil@znclaw.com)  
T: 203-333-9441  
Juris No.: 069695

# Exhibit A

## NOTICE TO COUNSEL

Your Petition for Automatic Extension of the Statute of Limitations pursuant to C.G.S. 52-190a(b) has been granted, as indicated on the order on the attached original of the petition. A copy of the petition will be maintained by the Clerk's office for a period of six months after it is granted. A civil entry fee will be collected at the time the writ, summons and complaint are filed with the clerk's office, if and when you bring suit.



Chief / Deputy Chief / Assistant Clerk

Superior Court

Judicial District of Ansonia/Milford

At Milford

ANDREW SULLIVAN ADMINISTRATOR OF	:	STATE OF CONNECTICUT
THE ESTATE OF LISA SULLIVAN	:	
V.	:	SUPERIOR COURT
NUVANCE HEALTH;	:	
NUVANCE HEALTH INC.;	:	J.D. OF ANSONIA-MILFORD
NUVANCE HEALTH MEDICAL PRACTICE,	:	
P.C.;	:	AT MILFORD
NUVANCE HEALTH MEDICAL PRACTICES,	:	
CT, INC.;	:	
DANBURY HOSPITAL;	:	
JOHN J. CHRONAKOS, M.D.;	:	
AKASH SHAH, M.D.;	:	
MOHAMMAD BELAL, M.D.;	:	
ROBERT C. GALLAGHER, M.D.;	:	
GUILLERMO BALLARINO, M.D.;	:	
JOSE MEDEZ, M.D.;	:	
FALZ Y. BHORA, M.D.;	:	
ABHIJITH HEGDE, M.D.;	:	
ROBERT BONWETSCH, M.D.;	:	
SHARYNN HALL, M.D.;	:	
SCOTT SANDERSON, M.D.;	:	
NEIL W. CULLIGAN, M.D.;	:	
MARCUS JOSHUA, M.D.;	:	
DAHLIA M. PLUMMER, M.D.;	:	
JORGE L. CASQUERO LEON, M.D.;	:	
ANNE D'AMICO, P.A.;	:	
ASHLEY MATTER, M.D.;	:	
GENE FREYLIKHMAN, M.D.;	:	

2017 MAY 23 PM 12:41

STEVEN SIEBER, M.D.;	:
PAUL N. FIEDLER, M.D.;	:
DANBURY RADIOLOGICAL ASSOCIATES,	:
P.C.;	:
MICHAEL HOLLANDER, M.D.;	:
NEIL SRIVASTAVA, M.D.;	:
ADAM WELBER, M.D.;	:
PATRICE GILLOTTI, M.D.;	:
WATERBURY PULMONARY ASSOCIATES	:
LLC;	:
SHEILA JANE ZANORIA, MD;	:
UCONN HEALTH;	:
ALICIA CRAFTY;	:
ORTHOCONNECTICUT, P.C.;	:
DANBURY ORTHOPEDICS;	:
DANBURY ORTHOPEDIC SPECIALTIES,	:
L.L.C.;	:
MICHEAL G. BRAND, MD;	:
EVOLUTION CHIROPRACTIC, LLC;	:
CANDLEWOOD CENTER FOR WOMEN'S	:
HEALTH;	:
PWH LLC;	:
PHYSICIANS FOR WOMEN'S HEALTH, LLC;	:
CANDLEWOOD CENTER FOR WOMEN'S	:
HEALTH;	:
WOMEN'S HEALTH CONNECTICUT;	:
WOMEN'S HEALTHCARE OF NEW MILFORD,;	:
P.C.;	:

WOMEN'S HEALTH CONNECTICUT, INC.; :  
WOMEN'S HEALTH SERVICES, L.L.C.; :  
PHYSICIANS FOR WOMEN, P.C.; :  
WOMEN'S HEALTH GROUP, LLC; :  
WOMEN'S HEALTH SERVICES OF :  
CONNECTICUT, L.L.C.; :  
WOMEN'S HEALTH CARE ASSOCIATES, P.C.;  
WOMEN'S HEALTH ASSOCIATES, P.C.; :  
WOMEN'S HEALTHCARE OF NEW MILFORD, :  
P.C.; :  
WOMEN'S HEALTH CARE OF NEW :  
ENGLAND, P.C.; :  
WOMEN'S HEALTH CONNECTICUT, LLC; :  
ANDREA BARRY, M.D.; :  
ELIZABETH KELLY, M.D.; :  
DANIEL GOLDSTEIN, M.D.; :  
DANIELLE BECK, R.D.M.S.; :  
CAROL HOLDEN, R.D.M.S.; :  
CINDY PETERSON, L.P.N.; :  
K. CARRINO, R.N.; :  
BETH HARPIE P.A.C.; :  
RITA SKELLY, R.D.M.S.; :  
MARY ELLEN J. MAY, M.D.; :  
JENNIFER RYAN, N.P.; :  
WOMEN'S HEALTH CT LAB; :  
WOMEN'S HEALTH ASSOCIATES, P.C. :  
DONNA C. ROSE, M.D.; :  
JAMES WEISBERGER, M.D.; :

ALLIANCE MEDICAL GROUP; :

ALLIANCE MEDICAL MANAGEMENT, LLC; :

ALLIANCE MEDICAL ADMINISTRATION, INC.;:

WATERBURY HEALTH; :

WATERBURY HEALTH CARE CENTER :

ASSOCIATES, LIMITED PARTNERSHIP; :

PROSPECT MEDICAL HOLDINGS, INC; :

PROSPECT MEDICAL SYSTEMS INC.; :

PROSPECT MEDICAL LLC; :

PROSPECT CONNECTICUT MEDICAL :

FOUNDATION; :

SOUTHBURY MEDICAL; :

ELISE M. ROMANIK, M.D.; :

HEATHER NISBETH, M.D.; :

FIZHUGH PANNILLI, M.D.; :

JONATHAN MOSOVICH, M.D.; :

WESTERN CONNECTICUT HEALTH :

NETWORK; :

WESTERN CONNETICUT MEDIC; :

WESTERN CONNECTICUT HEALTH :

NETWORK PHYSICIAN HOSPITAL :

ORGANIZATION ACO, INC.; :

WESTERN CONNECTICUT HEALTH :

NETWORK AFFILIATES, INC.; :

WESTERN CONNECTICUT HEALTH :

NETWORK INVESTMENTS LLC; :

WESTERN CONNECTICUT HEALTH :

NETWORK, INC.; :

WESTERN CONNECTICUT HEALTH	:
NETWORK PHYSICIAN HOSPITAL	:
ORGANIZATION, INC.;	:
DANBURY HOSPITAL & NEW MILFORD	:
HOSPITAL FOUNDATION, INC.;	:
SUMIT TICKOO;	:
DIMITRY ZILBERMAN, D.O.;	:
JENNIFER WEST, N.P.;	:
JENNIFER WEST, A.P.R.N.;	:
EUROFINS NTD, LLC;	:
JOHN DEMPSEY HOSPITAL;	:
ELIZABETH KELLY;	:
ORTHONET LLC;	:
MICHAEL BRAND;	:
NARVAN BENNETT;	:
BIOREFERENCE LABORATORIES, INC.;	:
PATRICIA WHITCOMBE;	:
WATERBURY HOSPITAL;	:
QUEST DIAGNOSTICS LLC;	:
UConn HEALTH;	:
STATE OF CONNECTICUT;	:
PREMIER URGENT CARE AT QUARRY WALK;	:
PREMIER HEALTHCARE SERVICES OF CT;	:
URGENT CARE MEDICAL ASSOC;	:
URGENT CARE MEDICAL CENTER, LLC;	:
ASAP URGENT CARE, LLC;	:
URGENT CARE SOLUTIONS, LLC;	:
URGENT CARE CENTER, LLP;	:

URGENT CARE MSO, LLC;	:
URGENT CARE OF SOUTHLINGTON, LLC;	:
THE URGENT CARE CENTER OF	:
CONNECTICUT, LLC;	:
URGENT CARE MEDICAL ASSOCIATES, LLC;:	:
URGENT CARE OF BRISTOL, LLC;	:
URGENT CARE OF ENFIELD, LLC;	:
URGENT CARE OF MANCHESTER, LLC;	:
URGENT CARE OF WEST HARTFORD, LLC;	:
URGENT CARE OF STRATFORD, LLC;	:
URGENT CARE OF HAMDEN, LLC;	:
URGENT CARE OF WATERBURY, LLC;	:
URGENT CARE OF DERBY, LLC;	:
URGENT CARE OF GROTON, LLC;	:
URGENT CARE OF NEWTOWN, LLC;	:
URGENT CARE OF NORWICH, LLC;	:
URGENT CARE OF GLASTONBURY, LLC;	:
URGENT CARE OF RIDGEFIELD, LLC;	:
URGENT CARE OF NORWALK, LLC;	:
URGENT CARE OF BROOKFIELD, LLC;	:
CTUC02 URGENT CARE, P.C.;	:
URGENT CARE IN WEST HARTFORD, LLC;	:
URGENT CARE TRANSPORT INC.;	:
URGENT CARE CENTER OF BLOOMFIELD,	:
PLLC;	:
VELOCITY URGENT CARE, LLC;	:
HEALTHCARE SERVICES GROUP, INC.;	:
JAMES HANAS	:

DAWN KORIK :  
ADAM WITKOWSKI :  
LAILA JONES; :  
JOSE HENRIQUEZ; and :  
SHAWN CARLIN : MAY 23, 2022

**STAY PURSUANT TO CONNECTICUT  
GENERAL STATUTES SECTION 52-190a(b)**

Pursuant to Connecticut General Statutes §52-190a(b), Andrew Sullivan Administrator of the Estate of Lisa Sullivan, hereby respectfully petitions this Court for a ninety-day extension of the statute of limitations to allow for a reasonable inquiry into a potential claim of medical malpractice against Nuvance Health; Nuvance Health Inc.; Nuvance Health Medical Practice, P.C.; Nuvance Health Medical Practices, CT, Inc.; Danbury Hospital; John J. Chronakos, M.D.; Akash Shah, M.D.; Mohammad Belal, M.D.; Robert C. Gallagher, M.D.; Guillermo Ballarino, M.D.; Jose Medez, M.D.; Falz Y. Bhora, M.D.; Abhijith Hegde, M.D.; Robert Bonwetsch, M.D.; Sharynn Hall, M.D.; Scott Sanderson, M.D.; Neil W. Culligan, M.D.; Marcus Joshua, M.D.; Dalia M. Plummer, M.D.; Jorge L. Casquero Leon, M.D.; Anne D'Amico, P.A.; Ashley Matter, M.D.; Gene Freylikhman, M.D.; Steven Sieber, M.D.; Paul N. Fielder, M.D.; Danbury Radiological Associates, P.C.; Michael Hollander, M.D.; Neil Srivastava, M.D.; Adam Welber, M.D.; Patrice Gillotti, M.D.; Waterbury Pulmonary Associates LLC; Sheila Jane Zanoia, M.D.; UCONN Health; Alicia Craffey; Orthoconnecticut, P.C.; Danbury Orthopedics; Danbury Orthopedic Specialties, L.L.C.; Michael G. Brand, M.D.; Evolution Chiropractic, L.L.C.; Candlewood Center For Women's Health; PWH LLC; Physicians for Women's Health, LLC; Candlewood Center for Women's Health; Women's Health Connecticut; Women's Healthcare of New Milford, P.C.; Women's Health Connecticut, Inc.; Women's Health

Services, LLC; Physicians for Women, P.C.; Women's Health Group, LLC; Women's Health Services of Connecticut, LLC; Women's Health Care Associates, P.C.; Women's Health Associates, P.C.; Women's Healthcare of New Milford, P.C.; Women's Health Care of New England, P.C.; Women's Health Connecticut, LLC; Andrea Barry, M.D.; Elizabeth Kelly, M.D.; Daniel Goldstein, M.D.; Danielle Beck, R.D.M.S.; Carol Holden, R.D.M.S.; Cindy Peterson, L.P.N.; K. Carrino, R.N.; Beth Harpie P.A.C.; Rita Skelly, R.D.M.S.; Mary Ellen J. May, M.D.; Jennifer Ryan, N.P.; Women's Health CT Lab; Women's Health Associates, P.C.; Donna C. Rose, M.D.; James Weisberger, M.D.; Alliance Medical Group; Alliance Medical Management, LLC; Alliance Medical Administration, Inc.; Waterbury Health; Waterbury Health Care Center Associates, Limited Partnership; Prospect Medical Holdings, Inc.; Prospect Medical Systems Inc.; Prospect Medical LLC; Prospect Connecticut Medical Foundation; Southbury Medical; Elisa M. Romanik, M.D.; Heather Nisbeth, M.D.; Fizhugh Pannilli, M.D.; Jonathan Mosovich, M.D.; Western Connecticut Health Network; Western Connecticut Medic; Western Connecticut Health Network Physician Hospital Organization ACO, Inc.; Western Connecticut Health Network Affiliates, Inc.; Western Connecticut Health Network Investments LLC; Western Connecticut Health Network, Inc.; Western Connecticut Health Network Physician Hospital Organization, Inc.; Danbury Hospital & New Milford Hospital Foundation, Inc.; Sumit Tickoo; Dimitry Zilberman, D.O.; Jennifer West, N.P.; Jennifer West, A.P.R.N.; Eurofins NTD, LLC; John Dempsey Hospital; Elizabeth Kelly; Orthonet LLC; Michael Brand; Narvan Bennett; Bioreference Laboratories, Inc.; Patricia Whitcombe; Waterbury Hospital; Quest Diagnostics LLC; UConn Health; State of Connecticut; Premier Urgent Care at Quarry Walk; Premier

Healthcare Services of CT; Urgent Care Medical Assoc; Urgent Care Medical Center, LLC; ASAP Urgent Care, LLC; Urgent Care Solutions, LLC; Urgent Care Center, LLP; Urgent Care MSO, LLC; Urgent Care of Southington, LLC; The Urgent Care Center of Connecticut, LLC; Urgent Care Medical Associates, LLC; Urgent Care of Bristol, LLC; Urgent Care of Enfield, LLC; Urgent Care of Manchester, LLC; Urgent Care of West Hartford, LLC; Urgent Care of Stratford, LLC; Urgent Care of Hamden, LLC; Urgent Care of Waterbury, LLC; Urgent Care of Derby, LLC; Urgent Care of Groton, LLC; Urgent Care of Newtown, LLC; Urgent Care of Norwich, LLC; Urgent Care of Glastonbury, LLC; Urgent Care of Ridgefield, LLC; Urgent Care of Norwalk, LLC; Urgent Care of Brookfield, LLC; CTUC02 Urgent Care, P.C; Urgent Care In West Hartford, LLC; Urgent Care Transport Inc.; Urgent Care Center of Bloomfield, PLLC; Velocity Urgent Care, LLC; Healthcare Services Group, Inc.; James Hanas; Dawn Korik; Adam Witkowski; Laila Jones; Jose Henriquez; and Shawn Carlin; and their agents, apparent agents, servants and/or employees, in Connecticut related to the medical care and treatment rendered to Lisa Sullivan.

THE PETITIONER

By: 

Jeremy C. Virgil  
Zeldes, Needle & Cooper, P.C.  
1000 Lafayette Blvd  
P.O. Box 1740  
Bridgeport, CT 06601-1740  
Email: [jvirgil@znclaw.com](mailto:jvirgil@znclaw.com)  
T: 203-333-9441  
Juris No.: 069695

**ORDER**

The foregoing petition having been presented to the Clerk of the Court pursuant to Connecticut General Statutes §52-190a(b), it is hereby Ordered that the statute of limitations in this matter be extended for ninety (90) days to allow for a reasonable inquiry into the validity of the claim.

THE COURT

By: 

Chief Clerk / ~~Assistant Clerk~~

DATED at Milford/Derby, CT on this 23<sup>rd</sup> day of May 2022.

# Exhibit B

ANDREW SULLIVAN ADMINISTRATOR OF	:	STATE OF CONNECTICUT
THE ESTATE OF LISA SULLIVAN	:	
V.	:	SUPERIOR COURT
PHYSICIANONE URGENT CARE;	:	
URGENT CARE OF GLASTONBURY, LLC;	:	J.D. OF ANSONIA-MILFORD
URGENT CARE OF HAMDEN, LLC;	:	
URGENT CARE OF WATERBURY, LLC;	:	AT MILFORD
URGENT CARE OF DERBY, LLC;	:	
URGENT CARE OF GROTON, LLC;	:	
URGENT CARE OF RIDGEFIELD, LLC;	:	
URGENT CARE SOLUTIONS, LLC;	:	
WRK VENTURES, LLC;	:	
ZUCLYA ENTERPRISES, LLC;	:	
PHYSICIAN ONE – SOUTHURY;	:	
PHYSICIANONE – SOUTHURY;	:	
PHYSICIANONE URGENT CARE	:	
SOUTHURY;	:	
PHYSICIANONE (SOUTHURY);	:	
KEVIN WOOD, PA-C;	:	
YALE NEW HAVEN HEALTH;	:	
YALE NEW HAVEN HEALTH SERVICES	:	
CORPORATION and	:	
YALE NEW HAVEN HOSPITAL	:	JULY 19, 2022

J.D. OF ANSONIA-MILFORD  
 SUPERIOR COURT  
 2022 JUL 19 PM 2:48

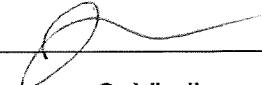
**STAY PURSUANT TO CONNECTICUT  
GENERAL STATUTES SECTION 52-190a(b)**

Pursuant to Connecticut General Statutes §52-190a(b), Andrew Sullivan  
 Administrator of the Estate of Lisa Sullivan, hereby respectfully petitions this Court for a  
 ninety-day extension of the statute of limitations to allow for a reasonable inquiry into a

potential claim of medical malpractice against PhysicianOne Urgent Care; Urgent Care of Glastonbury, LLC; Urgent Care of Hamden, LLC; Urgent Care of Waterbury, LLC; Urgent Care of Derby, LLC; Urgent Care of Groton, LLC; Urgent Care of Ridgefield, LLC; Urgent Care Solutions, LLC; WRK Ventures, LLC; Zuclya Enterprises, LLC; Physician One – Southbury; PhysicianOne – Southbury; PhysicianOne Urgent Care Southbury; PhysicianOne (Southbury); Kevin Wood, PA-C; Yale New Haven Health; Yale New Haven Health Services Corporation; and Yale New Haven Hospital and their agents, apparent agents, servants and/or employees, in Connecticut related to the medical care and treatment rendered to Lisa Sullivan.

THE PETITIONER

By: \_\_\_\_\_

  
Jeremy C. Virgil  
Zeldes, Needle & Cooper, P.C.  
1000 Lafayette Blvd  
P.O. Box 1740  
Bridgeport, CT 06601-1740  
Email: [jvirgil@znclaw.com](mailto:jvirgil@znclaw.com)  
T: 203-333-9441  
Juris No.: 069695

**ORDER**

The foregoing petition having been presented to the Clerk of the Court pursuant to Connecticut General Statutes §52-190a(b), it is hereby Ordered that the statute of limitations in this matter be extended for ninety (90) days to allow for a reasonable inquiry into the validity of the claim.

*Granted*

THE COURT

By: \_\_\_\_\_

Chief Clerk / Assistant Clerk

DATED at Milford/Derby, CT on this 10<sup>th</sup> day of July 2022.

## NOTICE TO COUNSEL

Your Petition for Automatic Extension of the Statute of Limitations pursuant to C.G.S. 52-190a(b) has been granted, as indicated on the order on the attached original of the petition. A copy of the petition will be maintained by the Clerk's office for a period of six months after it is granted. A civil entry fee will be collected at the time the writ, summons and complaint are filed with the clerk's office, if and when you bring suit.

Chief / Deputy Chief / Assistant Clerk

Superior Court

Judicial District of Ansonia/Milford

At Milford

A handwritten signature, possibly "D", is written over a horizontal line. To the right of the signature, the date "7/19/22" is written vertically.

# Exhibit C

FIDUCIARY'S PROBATE  
CERTIFICATE  
PC-450 REV. 7/15

STATE OF CONNECTICUT  
COURT OF PROBATE

COURT OF PROBATE, Region # 22 Probate Court		DISTRICT NO. PD22
ESTATE OF/IN THE MATTER OF		DATE OF CERTIFICATE
LISA SULLIVAN (20-0415)		September 21, 2020
FIDUCIARY'S NAME AND ADDRESS	FIDUCIARY'S POSITION OF TRUST	DATE OF APPOINTMENT
Andrew Sullivan, 205 Loughlin Road, Oxford, CT 06478	Administrator	September 21, 2020


*The undersigned hereby certifies that the fiduciary in the above-named matter has accepted appointment, is legally authorized and qualified to act as such fiduciary because the appointment is unrevoked and in full force as of the above date of certificate.*

**This certificate is valid for one year from the date of the certificate.**

*Other limitation, if any, on the above certificate:*

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Court on the above date of certificate.



  
Pamela L. Osborne, Clerk

**NOT VALID WITHOUT COURT OF PROBATE SEAL IMPRESSED**

# Exhibit D

September 6, 2022

Jeremy C. Virgil, Esq.  
Zeldes, Needle & Cooper, P.C.  
1000 Lafayette Blvd, Suite 700  
P.O. Box 1740  
Bridgeport, CT 06601-1740

Dr. Mr. Virgil:

Thank you for requesting my opinions on the care of Lisa Sullivan at PhysicianOne urgent care on May 15, 2020.

#### Qualifications

I am a clinically practicing physician assistant with thirty years of clinical practice experience that includes emergency medicine, outpatient internal medicine, hospitalist internal medicine, urgent care, family medicine, and twelve years of full-time PA program faculty teaching and administration experience including Assistant Professor, Clinical Education Director and PA Program Chair/Director. Within the last five-years I have actively practiced as a PA-C within the State of Wisconsin in urgent care, emergency medicine and occupational medicine facilities. I have also been an instructor in both didactic and clinical curriculum for university physician assistant programs. I am familiar with the standard of care as it relates to the issues of care and treatment in this case, this type of facility and patients such as Lisa Sullivan. I am familiar with the standard of care as it relates to a physician's assistant and/or PA-C at an urgent care facility in 2020.

I also have extensive experience in the education of physician assistants and knowledge on the appropriate utilization and scope of practice of physician assistants and advanced nurse practitioners. I was for ten years the course director of emergency medicine at the University of Wisconsin-Madison PA Program where I also assisted in teaching a number of additional courses. I have mentored PA students clinically from numerous PA programs on a regular basis for 28 of my 30 years practicing. I have also been a leader at the local, state and national level in the physician assistant profession serving on numerous professional boards and am recognized as a published researcher on the malpractice and safety of physician assistant practice. I have testified in both State and Federal jurisdictions. My testimony has never been disallowed. My CV is attached to this document for your review and may be incorporated by reference into this report. I base my opinions on the facts documented in the medical record, the materials reviewed, and on my own clinical and academic experience.

#### Materials Reviewed

I have read and reviewed the PhysicianOne note from May 15, 2020, and the website for PhysicianOne and its location in Southbury, CT.

### Summary Opinion

Based on my review of the above-mentioned materials, it is more likely than not that there were multiple deviations from the standard of care, in the treatment, at PhysicianOne of Lisa Sullivan by agents, servants, employees, and/or apparent agents of PhysicianOne. This includes treatment by Kent Woods, PA-C.

### Pertinent Course of Care

On 5/15/20, Lisa Sullivan presented to PhysicianOne. She was seen by Kevin Wood, PA-C. The history and examination demonstrated acute chest pain, intermittent chest tightness for four days, asthma, worsening cough, nasal congestion, chest congestion, shortness of breath, "feels sharp aching across entire upper chest, worse in morning," sneezing, that she was 35 weeks pregnant, being treated for asthma during this pregnancy and 2/2 GERD. The history documented that her pulmonologist had sent her there for a chest x-ray. "Patient states she did a televisit with her pulmonologist today and they advised her to come here for an evaluation/xray."

The assessment/plan recorded in the note was 1) coronavirus contact and suspected exposure and 2) costochondritis. A COVID test was performed. Mrs. Sullivan was instructed to drink plenty of fluids, rest, and apply heat/ice. The COVID test was negative.

PhysicianOne in Southbury's website states it provides digital X-ray imaging, asthma management and treatment services, and treatment for everyday illnesses and injuries. PhysicianOne in Southbury's website states it provides full-service, walk-in, on-site digital X-ray services for adults and children. It states that these images are handled in-house to eliminate the need to wait or travel. It states that those x-rays are read by board-certified radiologists to ensure the most accurate diagnosis and best possible treatment plan. It states that X-rays are also available for suspected pneumonia, congestion, or fluid in the lungs. And it states that patients are provided with digital copies of their x-rays that day.

### Specific Opinions

Based upon what is recorded in the medical record, I believe within a reasonable degree of medical certainty that PhysicianOne, through its agents and/or employees, including Kevin Woods, PA-C, deviated from the standard of care in treating Mrs. Sullivan.

PhysicianOne failed to appropriately identify and treat Mrs. Sullivan's symptoms, including her chest pain, chest tightness and pulmonary symptoms on 5/15/20. Mrs. Sullivan presented with multiple indications for a chest x-ray. Chest pain warrants a chest x-ray. Multiple pulmonary symptoms warrant a chest x-ray. The risks from radiation to the baby in the 35th week from a standard two view chest x-ray are below acceptable levels given Mrs. Sullivan's concern symptoms and differential diagnosis. If the PhysicianOne facility lacked the equipment to safely perform a chest x-ray for a pregnant woman, then a referral to such a facility should have been made. The failure to take the chest x-ray was a breach of the standard of care.

Mrs. Sullivan reported that she had been directed to go to this facility to undergo a chest x-ray by her pulmonologist that day. No communication with the pulmonologist or pulmonologist office is documented. If there is a disagreement or concern that radiological scan being ordered by the specialist is contraindicated there should be communication with that ordering specialist. The failure to take the chest x-ray and to communicate with the pulmonologist was a breach of the standard of care.

Mrs. Sullivan was 35 weeks pregnant. No communication with the OBGYN or their office is documented. If there is a disagreement or concern about the risks posed to the baby from testing there should be communication with the OB/GYN. The failure to take the chest x-ray, if there was a concern regarding radiation to the baby, without speaking with the OBGYN was a breach of the standard of care.

Mrs. Sullivan presented with symptoms concerning for a cardiopulmonary issue, specifically including, pulmonary embolism. When the life-threatening differential of pulmonary embolism is on the differential, it must be evaluated with diagnostic testing and ruled out. The standard of care also requires an ECG for all patients with new-onset chest pain or pain that is different than previous episodes. The failure to do any work up at all for chest pain and a potential pulmonary embolism was a breach of the standard of care.

Performing a COVID test and discharging Mrs. Sullivan without additional testing or referral was a breach of the standard of care. The standard of care required a chest x-ray, an ECG and D-dimer. If these tests were not available at PhysicianOne, then a referral to a facility where they can be performed, such as the nearest emergency room, is required.

Physician assistant Kevin Wood also deviated from the PA standard of care by not consulting with his supervising physician as he did not consult with either the referring pulmonologist or the obstetrician. Patients such as Mrs. Sullivan who are 35 weeks pregnant and present with life-threatening symptoms including chest pain and shortness of breath require physician consultation.

The deviations described above reflect that PhysicianOne failed to provide staff, including physicians and/or PAs, who possess the requisite knowledge, skill, and experience to adequately and properly care for, treat, diagnose, monitor, and supervise patients such as Mrs. Sullivan. These deviations also reflect that the defendants failed to follow, promulgate and/or enforce rules, regulations, standards and protocols for the care and treatment of patients such as Mrs. Sullivan. I conclude to a reasonable degree of medical certainty that the deviations from the standard of care compromised Mrs. Sullivan's medical situation.

This is a preliminary opinion in this case to satisfy the good faith certificate requirement, pursuant to General Statutes §52-190a. I understand that the Statute provides that this written opinion, "shall not be subject to discovery by any party except for questioning the validity of the certificate." I understand that a copy of this opinion, with my name and signature expunged, will be attached to the good faith certificate filed with the complaint when and if the lawsuit is filed.

Thank you for requesting my opinions on this matter. I reserve my right to amend, alter or change the information and/or opinions in this letter, in the future, should I receive additional materials, records or depositions, which would potentially affect my opinions herein.

Sincerely,



[REDACTED]

August 29, 2022

Jeremy C. Virgil, Esq.  
Zeldes, Needle & Cooper, P.C.  
1000 Lafayette Blvd, Suite 700  
P.O. Box 1740  
Bridgeport, CT 06601-1740

RE: Estate of Lisa Sullivan v. PhysicianOne

Dr. Mr. Virgil:

I am a physician board-certified in internal medicine, critical care medicine and pulmonology. I have an active medical license in the state of New York. I have practiced and continue to practice in a variety of health care settings, including urgent care facilities. Within the last five-years, I have actively practiced and continue to practice medicine and in these settings. During this time, I worked with, supervised and was responsible for physicians' assistants in urgent care settings. I have also continued to teach within the last five-years on the practice of medicine and my specialties. I am familiar with the standard of care as it relates to the issues of care and treatment in this case, this type of facility and patients such as Lisa Sullivan. I am familiar with the standard of care as it relates to a physician's assistant at an urgent care facility in 2020.

I have read and reviewed the following materials pertaining to the care of Lisa Sullivan:

Records: PhysicianOne 5/15/20  
Nuvance Health (Danbury Hospital) 6/9/20 – 6/15/20  
Western CT Health Network 12/6/19; 1/17/20; 2/19/20;  
Waterbury Pulmonology 2/26/20-6/12/20  
Waterbury Hospital 1/22/20  
UConn Health 12/12/19  
Premiere Urgent Care 11/13/19  
OrthoConnecticut 8/13/19

Evolution Chiropractic 12/26/19 – 3/11/20

Candlewood 10/23/19 – 6/5/20; 6/24/20

Women's Health Associates, P.C. 5/8/19

Autopsy Report

Websites: <https://physicianoneurgentcare.com/find-us/locations/ct/southbury-urgent-care/>  
<https://physicianoneurgentcare.com/onsite-services/x-rays/>

Based on my review of the above-mentioned materials, it is more likely than not that there were multiple deviations from the standard of care, in the treatment, at PhysicianOne's XXX, of Lisa Sullivan by agents, servants, employees, and/or apparent agents of PhysicianOne's. This includes treatment by Kent Woods, PA-C.

### **Summary of Pertinent Records**

On 5/15/20, Lisa Sullivan presented to PhysicianOne. She was seen by Kevin Wood, PA-C. The history and examination demonstrated acute chest pain, intermittent chest tightness for four days, asthma, worsening cough, nasal congestion, chest congestion, shortness of breath, "feels sharp aching across entire upper chest, worse in morning," sneezing, that she was 35 weeks pregnant, being treated for asthma during this pregnancy and 2/2 GERD. The history documented that her pulmonologist had sent her there for a chest x-ray. "Patient states she did a televisit with her pulmonologist today and they advised her to come here for an evaluation/xray."

The assessment/plan was 1) coronavirus contact and suspected exposure and 2) costochondritis. A COVID test was performed. Mrs. Sullivan was instructed to drink plenty of fluids, rest, and apply heat/ice. The COVID test was negative.

PhysicianOne in Southbury's website states it provides digital X-ray imaging, asthma management and treatment services, and treatment for everyday illnesses and injuries.

PhysicianOne in Southbury's website states it provides full-service, walk-in, on-site digital X-ray services for adults and children. These images are handled in-house to eliminate the need to wait or travel. Those x-rays are read by board-certified radiologists to ensure the most accurate diagnosis and best possible treatment plan. X-rays are also available for suspected pneumonia, congestion, or fluid in the lungs. Patients are provided with digital copies of their x-rays that day.

### **Opinion**

Based upon what is recorded, I believe within a reasonable degree of medical certainty that PhysicianOne, through its agents and/or employees, including Kevin Woods, PA-C, deviated from the standard of care in treating Mrs. Sullivan. The care required and that should have been provided for Mrs. Sullivan falls under that of a physician board-certified in internal medicine or a PA-C under the supervision thereof.

PhysicianOne failed to appropriately identify and treat Mrs. Sullivan's symptoms, including her chest pain, chest tightness and pulmonary symptoms on 5/15/20.

Mrs. Sullivan presented multiple indications for a chest x-ray. Chest pain warrants a chest x-ray. Multiple pulmonary symptoms warrant a chest x-ray. The risks from radiation to the baby in the 35<sup>th</sup> week from a standard two view chest x-ray are below acceptable levels. If the facility lacked the equipment to safely perform a chest x-ray for a pregnant woman, then a referral to such a facility should have been made. The failure to take the chest x-ray was a breach of the standard of care.

Mrs. Sullivan reported that she had been directed to go to this facility to undergo a chest x-ray by her pulmonologist that day. No communication with the pulmonologist or pulmonologist office is documented. Where there is a disagreement or concern that radiological scan being ordered by the specialist is contraindicated there should be communication with that ordering specialist. The failure to take the chest x-ray and to communicate with the pulmonologist was a breach of the standard of care.

Mrs. Sullivan was 35 weeks pregnant. No communication with the OBGYN or their office is documented. Where there is a disagreement or concern about the risks posed to the baby from testing there should be communication with the OBGYN. The failure to take the chest x-ray, if there was a concern regarding radiation to the baby, without speaking with the OBGYN was a breach of the standard of care.

Mrs. Sullivan presented symptoms concerning for cardiological issue, specifically including, pulmonary embolism. The standard of care required an ECG for all patients with new-onset chest pain or pain that is different than previous episodes. The failure to do any work up at all for a potential pulmonary embolism was a breach of the standard of care.

Performing a COVID test and discharging Mrs. Sullivan without additional testing or referral was a breach of the standard of care. The standard of care required a chest x-ray and ECG.

The deviations described above reflect that PhysicianOne failed to provide staff, including physicians and/or PAs, who possess the requisite knowledge, skill, and experience to adequately and properly care for, treat, diagnose, monitor, and supervise patients such as Mrs. Sullivan. These deviations also reflect that the defendants failed to follow, promulgate and/or enforce rules, regulations, standards and protocols for the care and treatment of patients such as Mrs. Sullivan.

I conclude to a reasonable degree of medical certainty that the deviations from the standard of care compromised Mrs. Sullivan's medical situation. It is my opinion that these deviations directly contributed to Mrs. Sullivan's undesired injuries and outcomes and were substantial factors leading to Mrs. Sullivan's decline in health and death. Had a chest x-ray been performed it would have shown or lead to additional testing that revealed the mediastinal mass Mrs. Sullivan had. Diagnosis of this mass would have allowed for planning and presurgical preparations for delivery of the baby. Mrs. Sullivan, more likely than not, would have survived delivery of that baby, had her delivering physicians had the benefit of that planning and preparation.

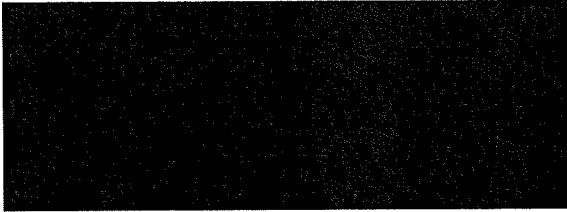
This is a preliminary opinion in this case to satisfy the good faith certificate requirement, pursuant to General Statutes §52-190a. I understand that the Statute provides that this written opinion, "shall not be subject to discovery by any party except for questioning the validity of the certificate." I understand that a copy of this opinion, with my name and signature expunged, will be attached to the good faith certificate filed with the complaint when and if the lawsuit is filed.

I reserve my right to amend, alter or change the information and/or opinions in this letter, in the future, should I receive additional materials, records or depositions, which would potentially affect my opinions herein.

Sincerely,

A large black rectangular redaction box covers the signature and name of the sender. A smaller black rectangular redaction box is positioned to the left of the main redaction, partially overlapping its left edge.

# Exhibit E



Jeremy C. Virgil, Esq.  
Zeldes, Needle & Cooper, P.C.  
1000 Lafayette Blvd, Suite 700  
P.O. Box 1740  
Bridgeport, CT 06601-1740  
September 1, 2022

RE: Estate of Lisa Sullivan v. Nuvance Health / Danbury Hospital, et al.

Dear Mr. Virgil:

I am a board-certified M.D. Obstetrician/Gynecologist with 30 years of experience. Within the last five years and continuing through this day, I am actively practicing as a senior Attending OB/Gyn Physician in the State of New York, in clinical practice in the office setting and in the hospital. I am familiar with the standard of care as it relates to the issues of care and treatment in this case. I am familiar with the standard of care as it relates to a Board Certified Physician in Obstetrics and Gynecology practicing in clinical and hospital settings in 2020.

I have read and reviewed the following materials pertaining to the care of Lisa Sullivan:

*Records:*

Nuvance Health (Danbury Hospital) 6/9/20 – 6/15/20

Candlewood Center 10/23/19 – 6/5/20; 6/24/20

Western CT Health Network 12/6/19; 1/17/20; 2/19/20;

Women's Health Associates, P.C. 5/8/19


Waterbury Pulmonology 2/26/20-6/12/20

PhysicianOne 5/15/20

Waterbury Hospital 1/22/20

UConn Health 12/12/19

Premiere Urgent Care 11/13/19



OrthoConnecticut 8/13/19

Evolution Chiropractic 12/26/19 – 3/11/20

### Autopsy Report

Based on my review of the above-mentioned materials, it is more likely than not that there were multiple deviations from the standard of care in the diagnosis and treatment, of Lisa Sullivan by agents, servants, employees, and/or apparent agents of Danbury Hospital and Candlewood Center. This includes treatment by Jorge L. Casquero Leon, MD.

### Summary of Pertinent Records

Mrs. Sullivan received prenatal care from Candlewood Center. Candlewood Center referred her for maternal fetal medicine consultation at Western Connecticut Health Network. Mrs. Sullivan was also referred to a pulmonologist at Waterbury Pulmonology. During the course of her pregnancy, these facilities documented steadily worsening symptoms of pulmonary and/or cardiological issues which did not respond adequately to multiple increasing prescriptions of bronchodilators, steroids, and antibiotics. Notes and records from these visits were part of the Candlewood Center records.

In May of 2020, Mrs. Sullivan's symptoms continued to worsen. She reported chest tightness, shortness of breath, wheezing, coughing, difficulty swallowing, daytime fatigue, insomnia, heartburn and vomiting when she tried to swallow pills. On June 5, 2020, after just having finished yet another course of prednisone, Mrs. Sullivan reported to Candlewood Center that her "asthma is really bad today, having a hard time breathing" and her pulse was 112, and her O<sub>2</sub> saturation was 96%. She was reportedly unable to recline for her non-stress test, and had to sit up. This is a symptom of serious cardio/pulmonary compromise known as "orthopnea." In spite of this, no examinations were ordered. Nor was there any change to the planned induction of labor.

On June 9, 2020, Mrs. Sullivan presented to Danbury Hospital for an elective induction of labor. She had numerous concerning symptoms and vitals. Mrs. Sullivan "developed significant GERD early in her pregnancy. Since its onset it has been continually worsening, and is now associated with a significant cough and asthma. She is taking multiple medications for this...."

At that time Mrs. Sullivan had numerous concerning vital signs. A tabulation of some of her vitals follows:

Date	6/9	6/9	6/10	6/10	6/10	6/10	6/10	6/10	6/10
Time	17:52	23:45	7:10	7:15	7:20	7:25	7:45	8:15	8:30
Systolic BP	111	86	142	146	110	113	135	110	121
Diastolic BP	71	57	66	65	57	64	63	56	88
Date	6/9	6/9	6/9	6/10	6/10	6/10	6/10	6/10	6/10
Time	17:54	18:09	22:00	2:30	2:40	2:45	2:50	2:55	3:02
SpO <sub>2</sub>	91	94	93	84	98	84	99	98	98
Date	6/10	6/10	6/10	6/10	6/10	6/10	6/10	6/10	
Time	5:25	5:40	6:15	6:20	6:25	6:30	6:35	6:40	
SpO <sub>2</sub>	96	97	98	96	97	97	95	97	
Date	6/9	6/9	6/10	6/10	6/10	6/10	6/10	6/10	6/10
Time	17:52	23:45	1:00	2:30	2:50	3:02	5:25	6:35	7:25
Respiratory Rate	24	18	20	20	20	24	20	20	20

It must be noted that Mrs. Sullivan was placed on oxygen via nasal cannula delivering 3 liters per minute of oxygen on or before 3:02am on 6/10. On 6/10/22, at 9:22am, Jorge L. Casquero Leon, MD, requested an internal medicine consult and respiratory therapy for additional recommendations for Mrs. Sullivan due to her constellation of symptoms and worsening shortness of breath. Resident physician Amanda Tissot documented, "Patient seen at bedside with Dr. Belal, medicine attending. Patient discussed history and progression of shortness of breath over the course of her pregnancy. Obstetrically, patient is doing well but reports left sided back discomfort that is not relieved with her epidural. Plan ... Asthma/SOB: s/p medicine consult, EKG WNL, f/u labs (CBC, chem, Mg, ProBNP, troponin. Plan for PP echo and CXR. Respiratory therapy prn." Dr. Casquero noted, "The patient was seen and examined by myself with the Resident and I concur with the history, physical exam, impression, and plan as described in the above note. ... Patient has been admitted overnight for IOL due to AMA. SROM clear at the time of epidural. Patient has shortness of breath and currently on oxygen supplementation (3L). Concern that symptoms could get worse at the time of delivery. Patient has been seen pulmonology at Water Pulmonary Associates, been treated for asthma and GERD. Per patient slightly improved with medications. Will call Internal Medicine and Respiratory Therapy for further recommendations. Continue with current management. Anticipate for vaginal delivery."

Roughly one hour later, on 6/10/20, Mohammad Belal, MD, completed the internal medicine consultation. Dr. Belal noted, "This is a 41-year-old full-term pregnant female who has a history of worsening shortness of breath for 6 months. Also with severe GERD symptoms. Exact etiology of her symptoms is unclear at this time. It is likely possible that her symptoms are secondary to severe GERD with possible asthma, however cardiac etiology including cardiomyopathy, pericardial effusion and CAD are other differentials which will need to be ruled out. List of differentials are wide and include intrathoracic tumors and hiatal hernia. Advanced stage pregnancy with significant abdominal distention and mild anemia are definitely contributing to her symptoms. Very low suspicion for pulmonary embolism at this time as patient has had symptoms for 6 months and does not have any hypoxia or tachycardia. Would recommend obtaining the chest x-ray and echocardiogram. ...." Dr. Belal also found "Prominent veins noted over upper anterior chest wall, questionable small nontender lump noted of the right upper chest wall just lateral to midline." "Primary team was updated about the above recommendations."

No respiratory therapy consult appears to have occurred. And despite the recommendation of a chest x-ray and echocardiogram, neither were performed prior to delivery.

On 6/10, vaginal delivery with vacuum assistance was unsuccessful. Cesarean section was performed. The baby was delivered. Mrs. Sullivan decompensated and crashed shortly thereafter, leading to cardiac arrest, anoxic brain injury, brain damage and death. It was subsequently discovered that Mrs. Sullivan had a 15cm mediastinal mass that caused the crash.

### Opinion

Based upon what is recorded, I believe within a reasonable degree of medical certainty that Danbury Hospital and Candlewood Center, through its agents and/or employees, including Jorge L. Casquero Leon, MD deviated from the standard of care in treating Mrs. Sullivan.

Mrs. Sullivan presented multiple indications requiring a chest x-ray. Chest tightness warrants a chest x-ray. Multiple pulmonary symptoms warrant a chest x-ray. The risks from radiation to the baby from a standard two view chest x-ray are minimal, and denying necessary (in this case, probably life-saving) care to a woman because she is pregnant is an unacceptable deviation. The failure to obtain a chest x-ray for Mrs. Sullivan was a breach of the standard of care.

Mrs. Sullivan was having an elective induction of labor. Her symptoms upon presentation to Danbury Hospital on 6/9 necessitated that a chest x-ray be performed. When Mrs. Sullivan required 3 liters of oxygen via nasal cannula to remedy her shortness of breath and maintain oxygenation a chest x-ray should have been ordered. On 6/10 at 9:22am, when Dr. Casquero Leon and his resident

identified numerous symptoms that caused them to request internal medicine and respiratory therapy consults, a chest x-ray should have been ordered. On 6/10 at 10:38am, when Dr. Belal recommended performing a chest x-ray and echocardiogram, a chest x-ray and echocardiogram should have been performed. The respiratory therapy consult also should have occurred. None of these things were done. These failures clearly deviated from and breached the standard of care.

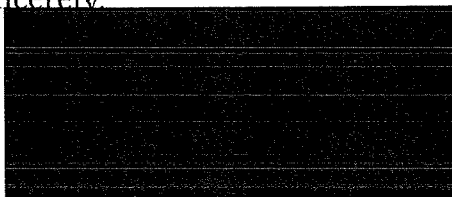
The deviations described above reflect that Danbury Hospital and Candlewood Center failed to provide staff, including physicians, who possessed the requisite knowledge, skill, and experience to adequately and properly care for, treat, diagnose, monitor, and supervise patients such as Mrs. Sullivan. These deviations also reflect that the defendants failed to follow, promulgate and/or enforce rules, regulations, standards and protocols for the care and treatment of patients such as Mrs. Sullivan.

I conclude to a reasonable degree of medical certainty that the deviations from the standard of care compromised Mrs. Sullivan's medical care, health, and life. Had a chest x-ray been ordered the mediastinal mass would have been diagnosed, the delivery of the baby could have been changed to a planned cesarean section in an Operating Room with Cardiothoracic Surgeons and assistants, Critical Care personnel and equipment, and pre-surgical planning to prevent Mrs. Sullivan's decompensation, cardiac arrest, and eventual demise. Treatment of her mediastinal mass could then be undertaken with her likely survival.

This is a preliminary opinion in this case to satisfy the good faith certificate requirement, pursuant to General Statutes §52-190a. I understand that the Statute provides that this written opinion, "shall not be subject to discovery by any party except for questioning the validity of the certificate." I understand that a copy of this opinion, with my name and signature expunged, will be attached to the good faith certificate filed with the complaint when and if the lawsuit is filed.

I reserve my right to amend, alter or change the information and/or opinions in this letter, in the future, should I receive additional materials, records or depositions, which would potentially affect my opinions herein.

Sincerely,

A large rectangular area of the document has been completely blacked out, redacting the signature and any text that might have been present below the signature line.A small, horizontal oval-shaped area of the document has been completely blacked out, redacting a line of text.